

2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001977

1. Entity Name

SANCTUARY CHURCH OF THE OPEN DOOR, INC.

Principal Place of Business

5923-41 WALNUT ST
PHILADELPHIA PA 19139

Mailing Address

5923-41 WALNUT ST
PHILADELPHIA PA 19139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILSON, LAFAWN
4857 NORTHLAKE BLVD
WEST PLAM BEACH FL 33418

REINSTATEMENT

4. FEI Number

23-7442379

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

LaFawn Wilson

Street Address (P.O. Box Number is Not Acceptable)

3701 Broadway

West Palm Beach

City

FL

Zip Code

33407

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

10/12/2000

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	BRONSON, AUDREY F BISHOP	
STREET ADDRESS	1601 N. 72ND ST	
CITY-ST-ZIP	PHILADELPHIA PA 19151	
TITLE	VCVS	<input type="checkbox"/> Delete
NAME	CARLTON, BECKY M DR	
STREET ADDRESS	1601 N. 72ND ST	
CITY-ST-ZIP	PHILADELPHIA PA 19151	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONSON, OSWALD P	
STREET ADDRESS	107 PINE CONE CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELLS, LEONARD R	
STREET ADDRESS	1622 N. 72ND ST	
CITY-ST-ZIP	PHILADELPHIA PA 19151	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003460000
STREET ADDRESS	-11/13/00--01003--013
CITY-ST-ZIP	***236.25 ***236.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

[Signature] BECKY M. CARLTON

10/12/2000 (215) 748-6510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)