

2001 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WILSON, LAFAWN
3701 BROADWAY
WEST PLAM BEACH FL 33407

Name

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

City

RIVIERA BEACH

FL

Zip Code

33404

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

(Signed, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

000004679500--1

-11/14/01--01091--019

***236.25 DATE ***236.25

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	CP BRONSON, AUDREY F BISHOP 1601 N. 72ND ST PHILADELPHIA PA 19151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS CARLTON, BECKY M DR 1601 N. 72ND ST PHILADELPHIA PA 19151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, OSWALD P 107 PINE CONE CT DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLS, LEONARD R 1622 N. 72ND ST PHILADELPHIA PA 19151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

Becky M. Britton

10-10-01 (215) 748-6510

FILED

01 OCT 26 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEE Number

23-7442379

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Not Applicable

0016342

CR2E037 (5/01)