

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 19, 2001 8:00 am
Secretary of State

01-25-2001 90218 043 ****61.25

DOCUMENT # N00000005551

1. Entity Name
CHURCH OF THE OPEN DOOR, INC.

Principal Place of Business: **607 LAKEVIEW DR. CORAL SPRINGS FL 33071**
Mailing Address: **607 LAKEVIEW DR. CORAL SPRINGS FL 33071**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **65-1031577**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MACHADO, JOHN
607 LAKEVIEW DR.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
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	President MACHADO, JOHN 607 LAKEVIEW DR. CORAL SPRINGS FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFISH, JOAN 8339 NW 61 ST TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALYAS, BERYL 5011 NW 98 DR. CORAL SPRINGS FL 33078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, MAXINE 3760 NW 115 WAY, #6 CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER GALYAS, GARY 5011 NW 88 DR CORAL SPRINGS FL 33078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President HOWARD DANIELS 4637 N.W. 58 TERR COVINGTON, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MAXINE ROWE 4321 (S) NW 110th AVE CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE 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)(f), 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: **GARY GALYAS** **RECORDED** **Galyas** Date: **1/15/01** Daytime Phone #: **954-344-5686**

CR-5037 (10/00)