

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31086

1. Entity Name

OPEN DOOR FULL GOSPEL PRAISE CENTER, INC.

Principal Place of Business

Mailing Address

433 4TH ST EAST  
P.O. BOX 846  
ZOLFO SPRINGS FL 33890  
US

433 4TH ST EAST  
P.O. BOX 846  
ZOLFO SPRINGS FL 33890-0846  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLEY, MELFORD  
207 E BROWARD ST  
BOWLING GREEN FL 33834

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD  
NAME GILLEY, MELFORD  
STREET ADDRESS 433 4TH ST EAST  
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE STD  
NAME GILLEY, VIDA  
STREET ADDRESS 433 4TH ST EAST  
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE VD  
NAME GILLEY, BRIAN  
STREET ADDRESS 251 TANGERINE ST  
CITY-ST-ZIP LA BELLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Melford U Gilley REQUIRED

1/24/2000 (94) 735-0543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90057 001 \*\*\*\*\*8.75

4870



DO NOT WRITE IN THIS SPACE