## -2000 UNIFORM BUSINESS REPORT (UBR)

	UNIFORM		ESS KEP	JKI	(OB)	K)	_			ILEI		
DOCUMENT # N31086  1. Entity Name							Jan 31, 2000 8:00 am Secretary of State					
OPEN D	OOR FULL GOSPEL	PRAISE CEN	NTER, INC.								1 <b>Sta</b> 1 *****8.′	
Principal Place of Business Mailing Address												
433 4TH ST EAST P.O. BOX 846 ZOLFO SPRINGS FL 33890 US		P.0 20	433 4TH ST EAST P.O. BOX 846 ZOLFO SPRINGS FL 33890-0846 US				487W					
2. Principal f	Place of Business	3.	Mailing Address									
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				,		DO NOT W	RITE IN TH	S SPACE	
City & Sta	ite	#-	City & State	مجبير سڏ در	عد موسم		4. FEI Nui	mber N	OT APPL	ICABLE		Applied For Not Applicable
Zip	Country		Zip	Cou	untry		5. Certific	ate of St	atus Desire	d 🗹		Additional
	6. Name and Address	of Current Regis	stered Agent	•	Name		7. Name a	and Add	ress of Nev	w Registere	d Agent	
GILLEY, M	IFL FORD				Street A	ddress (F	P.O. Box Nur	mber is f	Not Accepta	ıble)		
,	OWARD ST					<u></u> .	<u> </u>					
BOWLING	GREEN FL 33834	•			City					F	Zip C	ode
8. The above	e named entity submits this :	statement for the p	purpose of changing it	ts registere	ed office or	registere	ed agent, or	both, in	the state of		<u>-</u> 1	
8. The above	e named entity submits this	statement for the p	purpose of changing it	ts registere	l ed office or	registere	ed agent, or	both, in	the state of		<u>.</u> .	
8. The above							ed agent, or		the state of			
	Signature, typed or printed name of r		if applicable. (NC	DTE: Registered	id Agent signatu					Florida.	<b>'</b>	
				DTE: Registered	id Agent signatu	ure required			Ma	Florida.  DATE		
	Signature, typed or printed name of r  FILE NOW: FEE IS \$61.25		if applicable. (NC  9. Election Campaig  Trust Fund Contri	DTE: Registered	d Agent signatu	ure required \$5.00 Added	when reinstating;  May Be to Fees		Ma	DATE  Ake Chec  Departme	k Payable nt of State	<b>e</b> S IN 10
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12. I hereby certify that the information supplied with this filling 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.