2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: LEWIS MANAGE R

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **N96000002887** OPEN DOOR OUTREACH MINISTRIES, INC. 04-27-2000 90029 038 ****61.25 Principal Place of Business Mailing Address 115 MOSES STREET P.O. BOX 44 MULBERRY FL 33860 MULBERRY FL 33860-0044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3394919 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HURST, LEWIS J 115 MOSES STREET MULBERRY FL 33860 Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete TITLE NAME HURST, LEWIS J STREET ADDRESS STREET ADDRESS 115 MOSES STREET CITY-ST-ZIP CITY-ST-ZIF MULBERRY FL 33860 Addition ☐ Delete TITI F Change TITLE NAME HARRISON, EDWARD R STREET ADDRESS STREET ADDRESS 6916 SO. COUNTY LINE RD. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 ☐ Addition Change D- Delete TITLE TITLE NAME BUCKLER, MELISSA – STREET ADDRESS STREET ADDRESS 4748WALKER RD. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 REGINALOD, PALMER ☐ Change Addition ☐ Delete TITI F TITLE 1125 SPESSARD HOLLAND PKW NAME NAME STREET ADDRESS STREET ADDRESS BARTOW FL. 33830 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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