2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2005 8:00 am DOCUMENT # N96000003629 **Secretary of State** 1. Entity Name 03-10-2005 90136 024 ****61.25 OPEN DOOR BIBLE CHURCH, INC. Principal Place of Business Mailing Address P.O. BOX 970551 COCONUT CREEK FL 33097 2257 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0679757 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Du Casse. SAFIER, KERRY D Street Address (P.O. Box Number is Not Acceptable) 2257 Wash Hills boke 123 N.W. 13TH STREET #300 **BOCA RATON FL 33432** city Deerfield Beach 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DV TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORSLEY, MICHAEL NAME NAME 1000 SW 16TH ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-7IP DP TITLE ☐ Delete TITLE Change ☐ Addition DUCASSE, KENNETH W NAME NAME 4571 NW 6 ST STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL 33442 CITY-ST-ZIP CITY-ST-ZIP DVST Change - Addition ☐ Delete TITLE TITLE SAFTER, KERRY D NAME NAME Town Lokes DRIVE 123 N.W. 13TH ST. #300 STREET ADDRESS STREET ADDRESS **BOÇA RATON FL 33432** CHY-ST-ZIP 33486 CITY-ST-71P TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

SIGNATURE: Yourstiff Case | Scarst W Pu Casse 2/28/05 954 980 2919