2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N9600003629 Feb 07, 2007 08:00 AM 1. Entity Name Secretary of State OPEN DOOR BIBLE CHURCH, INC. Principal Place of Business Mailing Address 2257 W. HILLSBORO BLVD P.O. BOX 970551 DEERFIELD BEACH FL 33442 COCONUT CREEK FL 33097 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State Applied For 4. EEI Number 65-0679757 Not Applicable Zin Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DUCASSE, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 2257 WEST HILLSBORO BLVD DEERFIELD BEACH FL 33442 -- City----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. I am familiar with, and accept the obligations of registered agent. 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 \$5.00 May Be Make Check Payable to "Due By May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 6 1 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D۷ ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME U00000626352 HORSLEY, MICHAEL STREET ADDRESS 02/15/07-80016-012 61.25 STREET ADDRESS 1000 SW 16TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Delete ☐ Change Addition IIIU TITLE NAME NAME DUCASSE, KENNETH W STREET ADDRESS STREET ADDRESS 4571 NW 6 ST CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 Addition HILL □ Delete NAM! SAFTER, KERRY D NAME STREET ADDRESS 1337 TOWN LAKES DRIVE, #1315 STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE Change ☐ Addition NAME PAYNE, DOUGLAS J NAME STREET ADDRESS STREET ADDRESS 2240 SW 15TH PLACE CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** IIITE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOLING OFFICER OR DIRECTOR DECEMBER OF SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOLING OFFICER OR DIRECTOR

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal effect as if made under eath; that I am an efficiency 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.