## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600003629

1. Entity Name

OPEN DOOR BIBLE CHURCH, INC.



FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90205 039 \*\*\*\*61.25

01 211 0	oon bibee ononon, mo						
2247 W. HILLSBORO BLVD P.O.			.O. BOX 970551 OCONUT CREEK FL 33097			<b>8 8</b> 11/8   18/8   18/1   18 <b>9</b> 1	
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· 	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-	0679757	Applied For	
Zip Country		Zip	ip Country		tus Desired	Not Applicable  75 Additional Required	
	6. Name and Address of Current	Registered Agent	<del></del>	7. Name and Addre	ess of New Registered Agent	,	
	<del> </del>	و بر میث پیشومیششمیدشت	Name				
SAFIER, KERRY D 123 N.W. 13TH STREET #300			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
BOCA R	ATON FL 33432						
			City		FL Z	ip Code	
8. The above	e named entity submits this statement fo	r the purpose of changing	its registered office or regist	tered agent, or both, in th		r with and accent	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (Ne	OTE: Registered Agent signature requi	ired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Cont			ampaign Financing d Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	DRS IN 10	
TITLE Name Street address City-St-Zip	DV HORSLEY, MICHAEL 1411 SE 14TH DRIVE DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	CI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUCASSE, KENNETH W 4571 NW 6 ST DEERFIELD BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	, Cr	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SAFTER, KERRY D 123 N.W. 13TH ST. #300 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CH	nange	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	nange	
ITLE IAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Ch	ange	
ITLE IAME ITREET ADDRESS HTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	ange 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:

The Care RECharacth W Du Care 2/5/03 954 470 2719