2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9700001310 Sep 07, 2000 8:00 am Secretary of State 1. Entity Name THE DOOR MINISTRIES INCORPORATED 09-07-2000 90006 015 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 152454 4403 NORTH HUBERT AVENUE TAMPA FL 33614 TAMPA FL 33684-2454 πυυιυνυν 2. Principal Place of Business 3. Mailing Address Aue 102 P.O <u>Box</u> DO NOT WRITE IN THIS SPACE 9 mna 4. FEI Number Applied For 59-3448290 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ISA 33684 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (PO Box Number is Not Acceptable) WILLIAMS, PETER D **4531 WEST IDLEWILD AVENUE TAMPA FL 33614** Zip Code 336(2 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. name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **☐** Delete TITLE Change Addition Bashan MERCADO, GLADYS NAME NAME 7405 FLorida st STREET ADDRESS 4314 W DR MARTIN LUTHER KING BLVD STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP **TAMPA FL 33614** TITLE Delete TITLE Bashan NAME WILLIAMS, ODALY NAME 4531 W IDLEWILD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE Delete Addition TITLE. WILLIAMS: PETE-NAME NAME 4403 W. M. LIK. STREET ADDRESS 4531 W IDLEWILD AVE STREET ADDRESS CITY-ST-ZIE TAMPA FL 33614 CITY-ST-ZIP TITLE Delete TITLE Addition 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P 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.

SIGNALIFICATION OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

813-232-2168