

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002214

1. Entity Name

OPEN DOOR BAPTIST CHURCH OF POLK CITY, INCORPORA

Principal Place of Business

125 CARTER BLVD.  
POLK CITY FL 33868

Mailing Address

P. O. BOX 858  
POLK CITY FL 33868-0858

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3518231

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNER, JEFFREY J  
216 LARKSPUR LANE  
POLK CITY FL 33868

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BENNER, JEFFREY  
STREET ADDRESS 216 LARKSPUR LANE  
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GOODMAN, LARRY  
STREET ADDRESS 203 S. BOUGAINVILLEA AVE.  
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PAFFORD, THOMAS  
STREET ADDRESS 512 EDGEWATER DRIVE  
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHULTS, TODD  
STREET ADDRESS 188 SUNSHINE BLVD  
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BLAKEMORE, WAYNE  
STREET ADDRESS 370 BAYBERRY DRIVE  
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90020 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)