

2000 UNIFORM BUSINESS REPORT (UBR)

7

DOCUMENT # N99000005482

1. Entity Name

OPEN HOUSE MINISTRIES, INC.

R

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-07-2000 90460 003 ****70.00

Principal Place of Business

Mailing Address

133 NE 19TH STREET
HOMESTEAD FL 33030

133 NE 19TH STREET
HOMESTEAD FL 33030-4523

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SHELLHOUSE, GUY D
133 NE 19TH STREET
HOMESTEAD FL 33030

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 if applicable

(NOTE: Registered Agent signature required when re-registering)

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: President / Director / Trustee
NAME: Guy D Shellhouse
STREET ADDRESS: 133 NE 19th St.
CITY-ST-ZIP: Homestead, FL 33030

TITLE: Trustee
NAME: Isabel Saint-Gaudens
STREET ADDRESS: 5945 SW 85th Ave
CITY-ST-ZIP: Miami, FL 33143

TITLE: Trustee
NAME: Rogelio Fernandez
STREET ADDRESS: 16341 SW 293 St
CITY-ST-ZIP: Homestead, FL 33030

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/97)