## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000005482

City-St-Zip:

HOMESTEAD, FL 33032

Entity Name: OPEN HOUSE MINISTRIES, INC.

FILED Mar 20, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1350 SW 4TH STREET HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** P.O. BOX 901350 HOMESTEAD, FL 33030 FEI Number: 65-0971578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, STEVEN 1350 SW 4TH STREET HOMESTEAD, FL 33030 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARRIS, STEVEN Name: Name: Address: 1350 SW 4TH STRETT Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: JOHNSON, RAY Name: Address: 14510 SW 73 STREET Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: VPD () Delete Title: () Change () Addition DILAN, LUIS Name: Name: 905 N FRANKLIN AVENUE #D Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: RIVERA, NANCY Name: 8520 SW 133 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: Title: () Delete () Change () Addition GARCIA, CHRISTINA Name: Name: 26507 SW 126 AVENUE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN E. HARRIS D 03/20/2002