

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006103

1. Entity Name

CHURCH OF THE OPEN DOOR (CONGREGATIONAL) UNITED

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90006 048 ****70.00

837903



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6001 NW 8 AVE MIAMI FL 33127	Mailing Address 6001 NW 8 AVE MIAMI FL 33127-1005
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEJ Number 52-1269438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, ASTRID K
 5020 NW FIRST AVE
 MIAMI FL 33127-2103

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, PRISCILLA	NAME	
STREET ADDRESS	441 GRAND CONCOURSE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, WILLIAM III	NAME	
STREET ADDRESS	7365 N AUGUSTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENANCE, KERVIN	NAME	
STREET ADDRESS	1112 W WESTON ROAD #188	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURD, NORMAN	NAME	
STREET ADDRESS	4563 NW 33 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, NELSON	NAME	
STREET ADDRESS	18825 NW 14 AVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIE F	NAME	
STREET ADDRESS	13063 NE 8 STREET	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	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: Astrid K Mack (ASTRID K MACK)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-00 (305) 759-0373
 Date Daytime Phone #

CR2E037 (9/99)