

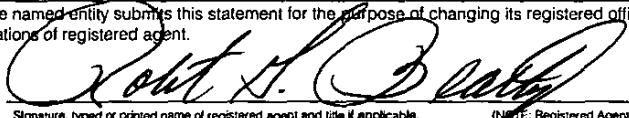



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90487 015 ****70.00

DOCUMENT # N99000006103					
1. Entity Name CHURCH OF THE OPEN DOOR (CONGREGATIONAL) UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 6001 NW 8 AVE MIAMI, FL 33127		Mailing Address 6001 NW 8 AVE MIAMI, FL 33127			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03162005 Chg-NP CR2E037 (10/03)	
4. FEI 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			7. Name and Address of New Registered Agent		
MACK, ASTRID K 5020 NW FIRST AVE MIAMI, FL 33127-2103			Name ROBERT G. BEATTY Street Address (P.O. Box Number is Not Acceptable) 441 GRAND CONCOURSE City MIAMI SHORES FL Zip Code 33138		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 4/28/05		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STANLEY E		NAME	Gwendolyn W. Smith	3130 Ensenada Way
STREET ADDRESS	201 NW 7 ST. APT #304		STREET ADDRESS	Miramar, FL	33025
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Beatty, Priscilla, Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, WILLIAM III		NAME	441 Grand Concourse	
STREET ADDRESS	7365 N AUGUSTA DRIVE		STREET ADDRESS	Miami, FL 33138	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Bruyning, Alison Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHIE, SHIRLEY		NAME	1140 N.W. 58th Street	
STREET ADDRESS	2000 NW 83 ST.		STREET ADDRESS	Miami, FL 33127	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Reeves, Bennie B. Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURB, HERBERT		NAME	8304 Dundee Terr	
STREET ADDRESS	833 NW 74 STREET		STREET ADDRESS	Miami Lakes, FL 33016	
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Clarke, Brian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADSHAW, LINDA		NAME	3026 S.W. 140th Ave.	
STREET ADDRESS	7110 GRANADA BLVD.		STREET ADDRESS	Miramar, FL 33027	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Carter, Catherine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GWENDOLYN		NAME	1338 N.W. 57th Street	
STREET ADDRESS	20105 NE 10 PLACE		STREET ADDRESS	Miami, FL 33143	
CITY-ST-ZIP	MIAMI, FL 33179		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:  PRISCILLA BEATTY			DATE: 4-28-05		DAYTIME PHONE #: 305-757-4427
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>