

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90082 020 ****61.25

0007014

DOCUMENT # N99000006103

1. Entity Name
**CHURCH OF THE OPEN DOOR (CONGREGATIONAL) UNITED
CHURCH OF CHRIST, INC.**



Principal Place of Business Mailing Address
**6001 NW 8 AVE 6001 NW 8 AVE
MIAMI FL 33127 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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D TRUSTEE	<input type="checkbox"/> Delete
NAME	JOHNSON, STANLEY E	
STREET ADDRESS	201 NW 7 ST. APT #304	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D TRUSTEE	<input type="checkbox"/> Delete
NAME	CLARKE, WILLIAM III	
STREET ADDRESS	7365 N AUGUSTA DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D TRUSTEE	<input type="checkbox"/> Delete
NAME	ARCHIE, SHIRLEY	
STREET ADDRESS	2000 NW 83 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, LORENE	
STREET ADDRESS	4710 NW 11 AVE.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D TRUSTEE	<input type="checkbox"/> Delete
NAME	BRADSHAW, LINDA	
STREET ADDRESS	7110 GRANADA BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCKHART, HARVEY	
STREET ADDRESS	1220 NE 215 ST	
CITY-ST-ZIP	MIAMI FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CUBB, HERBERT		
STREET ADDRESS	833 NW 24 ST		
CITY-ST-ZIP	MIAMI FL 33150		
TITLE	D TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBINSON, GWENDOLYN		
STREET ADDRESS	20105 NE 10 PLACE		
CITY-ST-ZIP	MIAMI FL 33179		
TITLE	D TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, GWENDOLYN		
STREET ADDRESS	3130 EISENHOWER WAY.		
CITY-ST-ZIP	MIRAMAR FL 33025		
TITLE	D TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUTLER, HUSEA		
STREET ADDRESS	6517 N.W. 201 TERRACE		
CITY-ST-ZIP	MIAMI FL 33015		
TITLE	D TRUSTEE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, GLADYS H.		
STREET ADDRESS	19295 NW 18 AVE		
CITY-ST-ZIP	MIAMI FL 33056		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]* **CHURCH OF THE OPEN DOOR (CONGREGATIONAL) UNITED CHURCH OF CHRIST, INC.** **8/13/03**

CR2E037 (4/03)