

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91139 024 ****61.25

DOCUMENT # P19219

1. Entity Name

THE "OPEN DOOR" MISSIONARY FELLOWSHIP, INC.

Principal Place of Business

7600 131ST ST. N. (34646)
P O BOX 4248
SEMINOLE FL 34646

Mailing Address

7600 131ST ST. N. (34646)
P O BOX 4248
SEMINOLE FL 34646

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3618858

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, HERBERT H.
8216 FOREST CIRCLE NORTH
SEMINOLE FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☐ Delete
NAME **PETERS, HERBERT H.**
STREET ADDRESS **8216 FORREST CIRCLE NO.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ Delete
NAME **HELLMINTOLLER, DAVID**
STREET ADDRESS **201 164TH AVE.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **PETERS, REYNOLD RAY**
STREET ADDRESS **12727-29TH ST W**
CITY-ST-ZIP **BEACH PARK IL**

TITLE **DT** ☐ Delete
NAME **FERGUSON, JIM**
STREET ADDRESS **ROUTE 1, BOX 3690**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Rev. Herbert H Peters* 4-26-01 398-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)