

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 737769

1. Entity Name
OPEN DOOR MINISTRIES OF GAINESVILLE, FLORIDA,
INC.



Principal Place of Business

601 NE 19TH ST
GAINESVILLE, FL 32641 US

Mailing Address

P.O. BOX 809
GAINESVILLE, FL 32602



02262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1724616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, TALMADGE
601 NE 19TH STREET
GAINESVILLE, FL 32601

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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

Talmadge Jones

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

Talmadge Jones

(If not Registered Agent signature required when reinstating)

3/1/04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000073273
03/02/04-80029-022 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JONES, DAVID
1135 SE 12TH STREET
GAINESVILLE, FL 32641

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ANDREWS, RAMOTH JR.
1440 SE 24TH PLACE
GAINESVILLE FL. 32641

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RENTZ, SAUL
1219 NW 10TH AVENUE
GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JONES JR, SAMUEL
915 SE 19TH STREET
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

Samuel Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04

Date

352-877-8162

Daytime Phone #