

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000001597

1. Entity Name
HOUSE OF PRAYER OPEN DOOR CHURCH OF THE LORD
JESUS CHRIST INCORPORATED



FILED

2005 OCT 24 PM 1:01

Principal Place of Business
1060 HIDEOUT DRIVE
MANNING SC 29102
US

Mailing Address
1316 CLEARGLADES DR.
WESLEY CHAPEL FL 33543
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2614 E YUKON ST
Suite, Apt. #, etc.
TAMPA FL
City & State
Zip 33604 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 05

2nd MOORE CR2E037-505

6. Name and Address of Current Registered Agent
JOHNSON, FAITH
1316 CLEARGLADES DRIVE
WESLEY CHAPEL FL 33543

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 *Faith Johnson* DATE 10/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

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

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

| 10. C OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOHNSON, ROBERT 5 DEVOE PLACE MASTIC, NY 11950 D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800060312338 10/06/05--01068--006 **\$1.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOHNSON, FAITH 1316 CLEARGLADES DR WESLEY CHAPEL FL 33543 D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOHNSON, DWAYNE 1060 HIDEOUT DRIVE MANNING SC 29102 D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROUNTREE, ANTHONY 5 DEVOE PLACE MASTIC NY 11950 D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800060312338 10/24/05--01059--019 **\$236.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Faith Johnson* DATE 10/14/05 813 933 7953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR