

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90042 034 \*\*\*\*61.25

**DOCUMENT # N03000007281**

1. Entity Name

OPEN DOOR CHURCH OF GOD IN CHRIST (ZELLWOOD),  
INC.



Principal Place of Business

3512 MARSELL RD. (P.O. BOX 693)  
ZELLWOOD FL 32798

Mailing Address

3512 MARSELL RD. (P.O. BOX 693)  
ZELLWOOD FL 32798

2. Principal Place of Business

3512 Marsell RD

3. Mailing Address

3512 Marsell Road

Suite, Apt. #, etc.

P.O. Box 693

Suite, Apt. #, etc.

P.O. Box 693

City & State

Zellwood, FL

City & State

Zellwood, FL

Zip

32798

Country

Orange

Zip

32798

Country

Orange

6. Name and Address of Current Registered Agent

JOHNSON, MINNIE  
3512 MARSELL RD. (P.O. BOX 693)  
ZELLWOOD FL 32798

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

Minnie Johnson

3-16-04

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**  
**Due By May 1, 2004**

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 PD ☐ Delete  
NAME JOHNSON, MINNIE  
STREET ADDRESS 1755 WASHINGTON BLVD.  
CITY-ST-ZIP MT. DORA FL 32757

TITLE VD ☐ Delete  
NAME MASON, EUGENE  
STREET ADDRESS 6185 HOLLY ST.  
CITY-ST-ZIP ZELLWOOD FL 32798

TITLE TD ☐ Delete  
NAME BRIDGEWATER, CHERADIN  
STREET ADDRESS 3537 BENITON JUAREZ RD.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Minnie Johnson

3-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #