2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2005 8:00 am Secretary of State 08-02-2005 90030 035 ****70.00

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DOCUMENT # N03000007281	
1. Entity Name	ŀ
OPEN DOOR CHURCH OF GOD IN CHRIST	



(ZELLWOOL	D), INC.								
Principal Place of 8 3512 MARSELL R P.O. BOX 693 ZELLWOOD, FL 3	RD.	Mailing Address 3512 MARSELL RD. P.O. BOX 693 ZELLWOOD, FL 32798	1		1 1881 1181 BH 881TE		50059116	1	
2. Principal Place	of Business Marsell Road	3. Mailing Address							
Suite Apt # etc Suite Apt # etc -		ox 693	,	07192005 C	hg-NP	CR2E037 (10/03)		
City & State		Lellwood, Florida		1 4	4. FEI Number Applied For 51-0479282 Not Applicable				
32757	Orange	33757	Country	5 ح	. Certificate of S	tatus Desired	\$8.75 / Fee Requ	Additional	
6	3. Name and Address of Current R	egistered Agent	, v	7	. Name and Add	ress of New R	legistered Agent		
JOHNSON, MINNIE 3512 MARSELL RD. (P.O. BOX 693)				Street Address (P.O. Box Number is Not Acceptable)					
ZELLWOOD, I	FL 32798		175	55	Wash	nato	n Blv	1	
			City 4	7.	Oura	1	FL プラ	ode 51	
8. The above nam	ned entity submits this statement for of registered agent.	the purpose of changing its reg	istered office or re	gistered	agent, or both, in	the State of Flo	orida. I am familiar wi	th, and accept	
SIGNATURE L	1 innies 16	hnsm	(Past	br.)	7-	27-00	5	
	ature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature n	required whe	n reinstating)		DATE		
	Ing Fee is \$61.25 by September 7, 2005	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees		lake check payable ida Department of		
		Trust Fund Con] Ac	ided to Fees	Flor	ida Department of	State	
10. TITLE PD	OFFICERS AND DIRECTOR	Trust Fund Con	11. TITLE NAME] Ac	ided to Fees	Flor		State IN 10	
10. TITLE PD NAME JO STREET ADDRESS 175	by September 7, 2005 OFFICERS AND DIRE	Trust Fund Con	11. TITLE] Ac	ided to Fees	Flor	ida Department of	State IN 10	
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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:

John Sm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 19, 2005

OPEN DOOR CHURCH OF GOD IN CHRIST (ZELLWOOD), INC. 3512 MARSELL RD. P.O. BOX 693 ZELLWOOD, FL 32798

SUBJECT: OPEN DOOR CHURCH OF GOD IN CHRIST (ZELLWOOD), INC. Ref. Number: N03000007281

We have received your check(s) totaling \$62.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 505A00047229