


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007281	
1. Entity Name OPEN DOOR CHURCH OF GOD IN CHRIST (ZELLWOOD), INC.	

Principal Place of Business 3512 MARSELL RD. ZELLWOOD FL 32757	Mailing Address P.O. BOX 693 ZELLWOOD FL 32757
-----------------------------------------------------------------------------	-------------------------------------------------------------



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 51-0479282 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, MINNIE
1755 WASHINGTON BLVD
MOUNT DORA FL 32757

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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME JOHNSON, MINNIE	
STREET ADDRESS 1755 WASHINGTON BLVD.	
CITY-ST-ZIP MT. DORA FL 32757	
TITLE VD	<input type="checkbox"/> Delete
NAME MASON, EUGENE	
STREET ADDRESS 6185 HOLLY ST.	
CITY-ST-ZIP ZELLWOOD FL 32798	
TITLE TD	<input type="checkbox"/> Delete
NAME BRIDGEWATER, CHERADIN	
STREET ADDRESS 3537 BENITON JUAREZ RD.	
CITY-ST-ZIP APOPKA FL 32712	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change <input type="checkbox"/> Add
U00000447884
03/08/06-80073-015 61.25
<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____