

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

02-11-2008 90057 009 ****61.25

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		
66008234					
2. Principal Place of Business - No P.O. Box # P.O. Box 693		3. Mailing Address P.O. Box 693			
Suite, Apt. #, etc. 3512 Marsell Road		Suite, Apt. #, etc. 3512 Marsell Rd			
City & State Zellwood, FL		City & State Zellwood, FL			
Zip 32798	Country Orange	Zip 32798	Country Orange	4. FEI Number 51-0479282	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Open Door Church of God in Christ 1755 Washington Blvd. MT. DORA, FL 32757 Open Door Church of God in Christ P.O. Box 693 3512 Marsell Road Zellwood, FL 32798			7. Name and Address of New Registered Agent Name: Open Door Church of God in Christ Street Address (P.O. Box Number is Not Acceptable): 3512 Marsell Road P.O. Box 693 City: Zellwood, FL Zip Code: 32798		
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 2.6.08 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME JOHNSON, MINNIE ☐ Delete				
STREET ADDRESS 1755 WASHINGTON BLVD.	CITY - ST - ZIP MT. DORA, FL 32757				
TITLE VD	NAME MASON, EUGENE ☐ Delete				
STREET ADDRESS 6185 HOLLY ST.	CITY - ST - ZIP ZELLWOOD, FL 32798				
TITLE TD	NAME BRIDGEWATER, CHERADIN ☐ Delete				
STREET ADDRESS 3537 BENITON JUAREZ RD.	CITY - ST - ZIP APOPKA, FL 32712				
TITLE [Blank]	NAME [Blank] ☐ Delete				
STREET ADDRESS [Blank]	CITY - ST - ZIP [Blank]				
TITLE [Blank]	NAME [Blank] ☐ Delete				
STREET ADDRESS [Blank]	CITY - ST - ZIP [Blank]				
TITLE [Blank]	NAME [Blank] ☐ Delete				
STREET ADDRESS [Blank]	CITY - ST - ZIP [Blank]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE [Blank]	NAME [Blank] ☐ Change ☐ Addition				
STREET ADDRESS [Blank]	CITY - ST - ZIP [Blank]				
TITLE [Blank]	NAME [Blank] ☐ Change ☐ Addition				
STREET ADDRESS [Blank]	CITY - ST - ZIP [Blank]				
TITLE [Blank]	NAME [Blank] ☐ Change ☐ Addition				
STREET ADDRESS [Blank]	CITY - ST - ZIP [Blank]				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Minnie Johnson 2.6.08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					