

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90076 048 \*\*\*\*61.25

**DOCUMENT # N05000005639**

1. Entity Name  
**DOORWAY FOR THE REMNANT MINISTRY, INC.**



Principal Place of Business  
**7565 CARL G. ROSE HWY  
HERNANDO, FL 34442**

Mailing Address  
**7565 CARL G. ROSE HWY  
HERNANDO, FL 34442**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number

**30-2929978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, VICTOR  
4656 W. WHEATFIELD LANE  
DUNNELLON, FL 34433**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **P** ☐ Delete  
NAME **LEWIS, VICTOR**  
STREET ADDRESS **4656 W. WHEATFIELD LANE**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **VP** ☒ Delete  
NAME **SMITH, WALTER E**  
STREET ADDRESS **7565 CARL G. ROSE HWY**  
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **TREA** ☐ Delete  
NAME **LEWIS, DIANE D**  
STREET ADDRESS **4656 W. WHEATFIELD LANE**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **SEC** ☒ Delete  
NAME **SMITH, DONNA L**  
STREET ADDRESS **7565 CARL G. ROSE HWY**  
CITY-ST-ZIP **HERNANDO, FL 34442**

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 **P Victor Lewis** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7565 N. Carl G. Rose Hwy**  
CITY-ST-ZIP **Hernando FL 34442**

TITLE **Diane Lewis Trea** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7565 N. Carl G. Rose Hwy**  
CITY-ST-ZIP **Hernando FL 34442**

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 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:

**Diane Lewis**

**4-11-06**

**(352) 344-4342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #