

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90269 002 \*\*\*\*66.25

**DOCUMENT # N05212**

1. Entity Name

THE OPEN DOOR HOLINESS CHURCH, ONE GOD, INC.



Principal Place of Business

Mailing Address

1408 WISCONSIN AVE  
LYNN HAVEN FL 32444-3941

1408 WISCONSIN AVE  
LYNN HAVEN FL 32444-3941

2. Principal Place of Business

THE OPEN DOOR HOLINESS

Suite, Apt. #, etc.

1408 WISCONSIN AVE

City & State

LYNN HAVEN FLA

Zip 32444

Country

BAH

3. Mailing Address

1408 WISCONSIN AVE

Suite, Apt. #, etc.

City & State

LYNN HAVEN FLA

Zip 32444

Country

BAH



MOORE

CR2E037 (11/03)

4. FEI Number

03-0478358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, CLINTON  
1408 WISCONSIN AVE  
LYNN HAVEN FL 32444

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

CLINTON MCINTYRE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/04

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 APD  
NAME MCINTYRE, CLINTON ☐ Delete  
STREET ADDRESS 1408 WISCONSIN AVE.  
CITY-ST-ZIP LYNN HAVEN FL

TITLE VDM  
NAME MCINTYRE, LUREATHA ☐ Delete  
STREET ADDRESS 1408 WISCONSIN AVE  
CITY-ST-ZIP LYNN HAVEN FL

TITLE DS  
NAME MCINTYRE, SANDRA ☐ Delete  
STREET ADDRESS 1408 WISCONSIN AVE  
CITY-ST-ZIP LYNN HAVEN FL

TITLE CM  
NAME BROWN, REGGIE ☐ Delete  
STREET ADDRESS 1505 11TH ST  
CITY-ST-ZIP PANAMA CITY FL

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 A.P.D. ☐ Change ☐ Addition  
NAME  
STREET ADDRESS MCINTYRE CLINTYRE  
CITY-ST-ZIP

TITLE V.D.M. ☐ Change ☐ Addition  
NAME  
STREET ADDRESS MCINTYRE LUREATHA  
CITY-ST-ZIP

TITLE D.S. ☐ Change ☐ Addition  
NAME  
STREET ADDRESS MCINTYRE SANDRA  
CITY-ST-ZIP

TITLE C.M. ☐ Change ☐ Addition  
NAME  
STREET ADDRESS BROWN REGGIE  
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: MCINTYRE CLINTYRE

4/15/04

850-265-2547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #