

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90136 046 \*\*\*\*66.25

**DOCUMENT # N05212**

1. Entity Name

THE OPEN DOOR HOLINESS CHURCH, ONE GOD, INC.



Principal Place of Business

1408 WISCONSIN AVE  
LYNN HAVEN FL 32444

Mailing Address

1408 WISCONSIN AVE  
LYNN HAVEN FL 32444

40000000

2. Principal Place of Business

1408 Wisconsin Ave  
Suite, Apt. #, etc.

LYNN Haven  
City & State

LYNN Haven  
Zip

32444  
Country Bay

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

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 CLINTON MCINTYRE  
Street Address (P.O. Box Number is Not Acceptable)

1408 Wisconsin Ave.

LYNN Haven

City

FL

Zip Code

32444

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)

april 16/05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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  
STREET ADDRESS 1408 WISCONSIN AVE.  
CITY-ST-ZIP LYNN HAVEN FL ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE A.P.D.  
NAME Clinton McIntyre  
STREET ADDRESS 1408 Wisconsin Ave  
CITY-ST-ZIP LYNN Haven ☐ Change ☐ Addition

TITLE V.D.M.  
NAME Lureatha McIntyre  
STREET ADDRESS 1408 Wisconsin Ave  
CITY-ST-ZIP LYNN Haven ☐ Change ☐ Addition

TITLE D.S.  
NAME 1408 Wisconsin Ave,  
STREET ADDRESS sandra MCINTYRE  
CITY-ST-ZIP LYNN Haven ☐ Change ☐ Addition

TITLE C.M.  
NAME Reggie Brown  
STREET ADDRESS 1505 11th St.  
CITY-ST-ZIP Panama City Fla. ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: CLINTON MCINTYRE 4/16/05 850-265-2547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #