

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

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90041 007 \*\*\*\*61.25

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



2. Principal Place of Business

1408 Wisconsin ave,  
Suite, Apt. #, etc.  
1408 Wisconsin AVE

3. Mailing Address

1408 Wisconsin ave,  
Suite, Apt. #, etc.  
1408 Wisconsin ave.

2nd MOORE

CR2E037 (4/06)

City & State

LYNN Haven Fla

City & State

LYNN Haven Fla

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)

8-10-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
APD  
MCINTYRE, CLINTON  
1408 WISCONSIN AVE.  
LYNN HAVEN FL ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CM  
BROWN, REGGIE  
1505 11TH ST  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1408 Wisconsin ave,  
APD Clinton McIntyre ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
McIntyre Lureatha  
VDM 1408 Wisconsin ave ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1408 Wisconsin ave  
DS Sandra McIntyre ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1505 11th St Panama City Fla  
CM Reggie Brown. ☐ 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 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:

*CLINTON MCINTYRE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-06 850-265-2547

Date

Daytime Phone #