

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|--|--|---|---|---|---|
| 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 - No P.O. Box # Suite, Apt. #, etc. Open Door H. Church City & State Lynn Haven Zip 32444 Country Bay | | 3. Mailing Address 1408 Wisconsin Ave Suite, Apt. #, etc. Lynn Haven Fla City & State Lynn Haven Zip 32444 Country Bay | | | |
| 4. FEI Number 03-0478358 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | REINSTATEMENT OF 2009 (1/07) | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u>Clinton McIntyre, A.P.D.</u> <u>12-17-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | APD MCINTYRE, CLINTON 1408 WISCONSIN AVE. LYNN HAVEN, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000113276160 12/19/07--01038--004 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDM MCINTYRE, LUREATHA 1408 WISCONSIN AVE LYNN HAVEN, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCINTYRE, CLINTON 1408 WISCONSIN AVE LYNN HAVEN, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.S. Fleming Edna Fleming 1410 Wisconsin LYNN Haven Fla |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CM BROWN, REGGIE 1505 11TH ST PANAMA CITY, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A 12/20 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Clinton McIntyre, A.P.D.</u> <u>12-17-07</u> <u>856-265</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |