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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31086** (4)

1. Corporation Name

OPEN DOOR FULL GOSPEL PRAISE CENTER, INC.



Principal Place of Business	Mailing Address
311 POPLAR STREET P O BOX 846 ZOLFO SPRINGS FL 33890-0846	311 POPLAR STREET P O BOX 846 ZOLFO SPRINGS FL 33890-0846

2. Principal Place of Business	2a. Mailing Address
21 433 4th ST. EAST Suite, Apt. #, etc. 22 P.O. BOX 846 City & State 23 ZOLFO SPRINGS, FL Zip 24 33890	26 433 4th ST. EAST Suite, Apt. #, etc. 27 P.O. BOX 846 City & State 28 ZOLFO SPRINGS, FL Zip 29 33890

3. Date Incorporated or Qualified	03/09/1989	
4. FEI Number	NOT APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GILLEY, MELFORD 207 E BROWARD ST BOWLING GREEN FL 33834	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLEY, MELFORD	
STREET ADDRESS	311 POPLAR ST.	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GILLEY, VIDA	
STREET ADDRESS	311 POPLAR ST.	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILLEY, BRIAN	
STREET ADDRESS	2275 COUNTY ROAD 78 WEST	
CITY-ST-ZIP	LA BELLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	GILLEY, MELFORD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	433 4th ST. EAST	
1.3 STREET ADDRESS	ZOLFO SPRINGS, FL	
1.4 CITY-ST-ZIP	ZOLFO SPRINGS, FL	
2.1 TITLE	GILLEY, VIDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	433 4th ST. EAST	
2.3 STREET ADDRESS	ZOLFO SPRINGS, FL	
2.4 CITY-ST-ZIP	ZOLFO SPRINGS, FL	
3.1 TITLE	GILLEY, BRIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	251 TANGERINE ST.	
3.3 STREET ADDRESS	LA BELLE, FL	
3.4 CITY-ST-ZIP	LA BELLE, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MELFORD GILLEY** 2/13/98 (941) 735-0543

CR2E037 (10/97)