

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000698 (7)

1. Corporation Name

GOD'S OPEN DOOR MINISTRY, INC.



Principal Place of Business 1061 NORTH FEDERAL HIGHWAY SUITE 223 HOLLYWOOD FL	Mailing Address 1061 NORTH FEDERAL HIGHWAY SUITE 223 HOLLYWOOD FL PO Box 93131 Lakeland FL 33804
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3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

65-0734433

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 PO Box 93131

27 Suite, Apt. #, etc.

28 City & State  
Lakeland FL

29 Zip Country  
33804 Polk

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Saddler  
SCHAFER, WENDY S  
1061 NORTH FEDERAL HIGHWAY  
SUITE 223  
HOLLYWOOD FL

81 Name

Wendy Schaffer Saddler

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

PO Box 93131

83

84 City

Lakeland

FL

85 Zip Code

33804

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 Wendy Schaffer Saddler

3-16-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAYTON, DARLING O	
STREET ADDRESS	1947 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAGSDALE, SCOTTY	
STREET ADDRESS	1040 N.E. 15TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE	STDCM	<input type="checkbox"/> DELETE
NAME	SCHAFER, WENDY S	
STREET ADDRESS	1947 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	Y/Tr	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	STDCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wendy Schaffer Saddler	
3.3 STREET ADDRESS	PO Box 93131	
3.4 CITY-ST-ZIP	Lakeland FL 33804	

4.1 TITLE	VDTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leonard S Saddler	
4.3 STREET ADDRESS	PO Box 93131	
4.4 CITY-ST-ZIP	Lakeland FL 33804	

5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bill Cheeseman	
5.3 STREET ADDRESS	PO Box 92954	
5.4 CITY-ST-ZIP	Lakeland FL 33804	

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: Wendy Schaffer Saddler 3-16-98 941-616-8486 (Pgr)

CR2E037 (10/97)