

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000698

1. Corporation Name

GOD'S OPEN DOOR MINISTRY, INC.

Principal Place of Business

1861 NORTH FEDERAL HIGHWAY
SUITE 223
HOLLYWOOD FL

Mailing Address

P O BOX 93131
SUITE 223
LAKELAND FL 33804
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90013 023 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

65-0734433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SADDLER, WENDY SCHAFFER
P O BOX 93131
SUITE 223
LAKELAND FL 33804

10. Name and Address of New Registered Agent

81 Name **Wendy Saddler Schaffer**
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 ☐ DELETE
NAME **PD**
STREET ADDRESS **PAYTON, DARLING O**
CITY-ST-ZIP **1947 LINCOLN STREET**
HOLLYWOOD FL 33020

TITLE ☐ DELETE
NAME **STDC**
STREET ADDRESS **SADDLER, WENDY SCHAFFER**
CITY-ST-ZIP **P O BOX 93131**
LAKELAND FL 33804

TITLE ☒ DELETE
NAME **VDT**
STREET ADDRESS **SADDLER, LEONARD S**
CITY-ST-ZIP **P O BOX 93131**
LAKELAND FL 33804

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CHEESEMAN, BILL**
CITY-ST-ZIP **P O BOX 92954**
LAKELAND FL 33804

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **Russell Tinch**
CITY-ST-ZIP **P O BOX 1211**
Highland FL 33848

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **Cindy Ryan**
CITY-ST-ZIP **204 W Tever St**
Plant City FL 33566

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1861 No. Fed. Hwy. Ste. 223**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Wendy S. Schaffer**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Alfred Howard Jr.**
3.3 STREET ADDRESS **12940 Rebecca St.**
3.4 CITY-ST-ZIP **Ft. Myers FL 33908**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ 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, with all other like empowered.

SIGNATURE: Wendy S. Schaffer **4/28/99** **(941) 687-9518**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E037 (11/98)