

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/5  
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FILED

Jul 28, 2000 8:00 am  
Secretary of State

06-05-2000 90032 020 \*\*\*\*61.25

DOCUMENT # N97000000698

1. Entity Name

GOD'S OPEN DOOR MINISTRY, INC.

Principal Place of Business

Mailing Address

1801 NORTH FEDERAL HIGHWAY  
SUITE 223  
HOLLYWOOD FL

P.O. BOX 93131 1118 Mt. Airy Ave.  
SUITE 223  
LAKELAND FL 33804-3131 33801  
US

2. Principal Place of Business

1118 Mt. Airy Ave  
Suite, Apt. #, etc.

3. Mailing Address

1118 Mt. Airy Ave  
Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

65-0734433

Applied For

Not Applicable

Zip

33801

Country

FLK

Zip

33801

Country

FLK

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAFER, WENDY SADDLER  
P.O. BOX 93131 1118 Mt. Airy Ave.  
SUITE 223 delete  
LAKELAND FL 33804 33801

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1118 Mt. Airy Ave.  
City Lakeland FL Zip Code 33801

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYTON, DARLING O 1801 N FEDERAL HWY, STE #223 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC SCHAFER, WENDY S P.O. BOX 93131 1118 Mt. Airy Ave LAKELAND FL 33804 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HOWARD, ALFRED JR 12940 REBECCA ST. FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHEESEMAN, BILL P.O. BOX 92954 LAKELAND FL 33804	<input checked="" type="checkbox"/> Delete deceased
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TINCH, RUSSELL P.O. BOX 1211 HIGHLAND FL 33848	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, CINDY 204 W TEVER ST PLANT CITY FL 33568	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DELETED</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V. Jay Bledsoe pivot ministries 11302 Tucker P.O. Box 2216 Riverview FL 33568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.O.V. Patricia Sebright 929 Guilmore Ave #54 Lakeland FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: WENDY S. SCHAFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-00

(863) 666-9256

Date

Daytime Phone #

CR2037 (5/99)



Doc# N97000000698  
308869

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 11, 2000

GOD'S OPEN DOOR MINISTRY, INC.  
1118 MT AIRY AVE  
LAKELAND, FL 33801 US

Subject: GOD'S OPEN DOOR MINISTRY, INC.

Reference Number: N97000000698

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AM

ANNUAL REPORTS SECTION

We closed P.O. Box 93131 and we are officially using 1118 Mt. Airy Ave. Lakeland, Fl.

There are 4 Directors: Wendy, Darling, Jay, & Patricia  
Also  
Darling - Pres.  
Wendy - Sec/Treas., Trustee, Chairman, Agent, etc.  
Jay - Vice Pres.  
Patricia - Vice Pres., Trustee  
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

7/21/00 Wendy Schiffer