

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90235 012 ****61.25

DOCUMENT # N97000000698

1. Entity Name

GOD'S OPEN DOOR MINISTRY, INC.

Principal Place of Business

1118 MT AIRY AVE
LAKELAND FL 33801

Mailing Address

1118 MT AIRY AVE
LAKELAND FL 33801
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State
Eaton Park FL

Zip

33840

Country

Polk

4. FEI Number

65-0734433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHAFFER, WENDY SADDLER
1118 MT AIRY AVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Wendy S Schaffer

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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 PD ☐ Delete
NAME PAYTON, DARLING O
STREET ADDRESS 1861 N FEDERAL HWY, STE #223
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE STDC ☐ Delete
NAME SCHAFFER, WENDY S
STREET ADDRESS P O BOX 93131 933
CITY-ST-ZIP LAKELAND FL 33804 - Eaton Park FL 33803

TITLE DV ☒ Delete
NAME BLEDSOE, JAY
STREET ADDRESS P O BOX 2216 moved out of state
CITY-ST-ZIP RIVERVIEW FL 33568

TITLE TDV ☒ Delete
NAME SEBRIGHT, PATRICIA moved out of state
STREET ADDRESS 929 GILMORE AVE #54
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Change ☒ Addition
NAME Thome Carocci
STREET ADDRESS 1133 1/2 E Orange St.
CITY-ST-ZIP Lakeland FL 33801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Schaffer* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

863-680-9953

Daytime Phone #

CR2E037 (10/00)