


FILED
Jun 26, 2003 8:00 am
Secretary of State

05-07-2003 90151 039 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000000698					
1. Entity Name GOD'S OPEN DOOR MINISTRY, INC.					
Principal Place of Business 1118 MT AIRY AVE LAKELAND FL 33801			Mailing Address P.O. BOX 933 EATON PARK FL 33840 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0734433	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHAFER, WENDY SADDLER 1118 MT AIRY AVE LAKELAND FL 33801			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
364 FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <i>Pres/Dia</i> NAME STREET ADDRESS CITY-ST-ZIP	PD PAYTON, DARLING O 1881 N FEDERAL HWY, STE #223 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE <i>VD</i> NAME STREET ADDRESS CITY-ST-ZIP	William J. Messenger 35 Benson HSE Hatfields London U.K SE1 8DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <i>STDC</i> NAME STREET ADDRESS CITY-ST-ZIP	SCHAFER, WENDY S P.O. BOX 933 EATON PARK FL 33803	<input type="checkbox"/> Delete	TITLE <i>PD</i> NAME STREET ADDRESS CITY-ST-ZIP	Darling Payton Hoyt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>DV</i> NAME STREET ADDRESS CITY-ST-ZIP	BOLTON, WILLIAM 603 EL CAMBA M.H.P. LAKELAND FL 33815	<input type="checkbox"/> Delete	TITLE <i>V</i> NAME STREET ADDRESS CITY-ST-ZIP	Bolton William 603 El Camba m.h.p. Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(b), 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: <i>Wendy Schaffer</i> SIGNATURE REQUIRED <i>5/1/03</i> (863) 984-3472					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR</small>					



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 12, 2003

GOD'S OPEN DOOR MINISTRY, INC.
P.O. BOX 933
EATON PARK, FL 33840 US

Subject: GOD'S OPEN DOOR MINISTRY, INC.

Reference Number: N97000000698

Please be advised, we have received your annual report/uniform business report 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.

/RH
ANNUAL REPORTS SECTION

Mailed 6/9/03

Remailing 6/23/03

3 Directors

Darling Payton Hoyt

Wendy S Schaffer

William J Messenger

Also

P

STC

V

I, Wendy Schaffer, am the Trustee

William Bolton is only a V not able to be a Director.

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302

Wendy Schaffer