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Secretary of State

04-15-1999 90140 021 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002214

1. Corporation Name

OPEN DOOR BAPTIST CHURCH OF POLK CITY, INCORPORATED

Principal Place of Business

125 CARTER BLVD.
 POLK CITY FL 33868

Mailing Address

P. O. BOX 858
 POLK CITY FL 33868



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3518231	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent

BENNER, JEFFREY J
216 LARKSPUR LANE
POLK CITY FL 33868

10. Name and Address of New Registered Agent

81 Name	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	BENNER, JEFFREY	1.2 NAME	
STREET ADDRESS	216 LARKSPUR LANE	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	POLK CITY FL 33868	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	D
NAME	GOODMAN, LARRY	2.2 NAME	
STREET ADDRESS	203 S. BOUGAINVILLEA AVE.	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	POLK CITY FL 33868	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	D
NAME	KNOWLES, JOANNA	3.2 NAME	Thomas Pafford
STREET ADDRESS	424 N. CITRUS GROVE BLVD.	3.3 STREET ADDRESS	512 Edgewater Drive
CITY-ST-ZIP	POLK CITY FL 33868	3.4 CITY-ST-ZIP	Polk City FL 33868
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Todd Shults
STREET ADDRESS		4.3 STREET ADDRESS	188 Sunshine Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Polk City FL 33868
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Wayne Blakemore
STREET ADDRESS		5.3 STREET ADDRESS	370 Bayberry Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Polk City FL 33868
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature of Registered Agent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)