

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002214

FILED  
Feb 02, 2005  
Secretary of State

**Entity Name:** OPEN DOOR BAPTIST CHURCH OF POLK CITY, INCORPORATED

**Current Principal Place of Business:**

125 CARTER BLVD.  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 207  
POLK CITY, FL 338680207

**New Mailing Address:**

**FEI Number:** 59-3518231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAFFORD, TOM  
512 EDGEWATER DR  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAFFORD, TOM  
Address: 512 EDGEWATER DR  
City-St-Zip: POLK CITY, FL 33868

Title: VD ( ) Delete  
Name: GOODMAN, LARRY  
Address: 203 S. BOUGAINVILLEA AVE.  
City-St-Zip: POLK CITY, FL 33868

Title: T ( ) Delete  
Name: COMLEY, WAYNE N  
Address: 418 ELGEWATER DR.  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GOODMAN, LARRY  
Address: 203 S. BOUGAINVILLEA AVE.  
City-St-Zip: POLK CITY, FL 33868

Title: T (X) Change ( ) Addition  
Name: CONLEY, WAYNE N  
Address: 418 EDGEWATER DR.  
City-St-Zip: POLK CITY, FL 33868

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PAFFORD

PD

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date