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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004499

1. Corporation Name

**THE HOUSE OF FAITH OF LORD JESUS CHRIST OF THE O
PEN DOOR CHURCH INC.**

Principal Place of Business

5787 KLODIKE RD.
BASCOM FL 32423

Mailing Address

5787 KLODIKE RD.
BASCOM FL 32423



2. Principal Place of Business

21 5616 Bevis Rd

2a. Mailing Address

26 5787 Klondike Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bascom FL 32423

City & State

28 Bascom FL

Zip

24 32423

Country

25 Jackson

Zip

29 32423

Country

30 Jackson

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

Applied For

In processing

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LARRY, JOHNNY JR.
5787 KLODIKE RD.
BASCOM FL 32423

10. Name and Address of New Registered Agent

81 Name

Same

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

TITLE D
NAME LARRY, JOHNNY JR.
STREET ADDRESS 5787 KLODIKE RD.
CITY-ST-ZIP BASCOM FL 32423

DELETE

TITLE D
NAME DIXON, ERIC B
STREET ADDRESS 5787 KLODIKE RD.
CITY-ST-ZIP BASCOM FL 32423

DELETE

TITLE D
NAME LARRY, DAYVON R
STREET ADDRESS 5787 KLODIKE RD.
CITY-ST-ZIP BASCOM FL 32423

DELETE

TITLE D
NAME BRELOVE, LEVI
STREET ADDRESS 5397 BISCAYNE RD.
CITY-ST-ZIP MALONE FL 32443

DELETE

TITLE ST
NAME LARRY, TAMEKA R
STREET ADDRESS 5787 KLODIKE RD.
CITY-ST-ZIP BASCOM FL 32423

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)