

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90009 042 \*\*\*\*61.25

**DOCUMENT # N98000004499**

1. Entity Name

THE HOUSE OF FAITH OF LORD JESUS CHRIST OF  
THE OPEN DOOR CHURCH INC.



Principal Place of Business

5616 BEVIS RD.  
BASCOM FL 32423

Mailing Address

5787 KLODIKE RD.  
BASCOM FL 32423

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

59-3651161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Johnny Lurry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/04 (850) 569-9853