


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90406 004 \*\*\*\*19.00  
03-25-2005 90022 004 \*\*\*\*42.25

<b>DOCUMENT # N98000004499</b>	
1. Entity Name <b>THE HOUSE OF FAITH OF LORD JESUS CHRIST OF THE OPEN DOOR CHURCH INC.</b>	

Principal Place of Business <b>5616 BEVIS RD. BASCOM FL 32423</b>	Mailing Address <b>5787 KLODIKE RD. BASCOM FL 32423</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3651161</b>	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LARRY, JOHNNY JR. 5787 KLONDIKE RD. BASCOM FL 32423</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 acc the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reappointing)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY, JOHNNY JR. 5787 KLODIKE RD. BASCOM FL 32423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, ERIC B 5787 KLODIKE RD. BASCOM FL 32423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY, DAYON R 5787 KLODIKE RD. BASCOM FL 32423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRELOVE, LEVI 5397 BISCAYNE RD. MALONE FL 32443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARRY, TAMEKA R 5787 KLODIKE RD. BASCOM FL 32423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	3-14-05 850-569-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

attachment  
14613841  
N98000004499

March 30, 2005

THE HOUSE OF FAITH OF LORD JESUS CHRIST OF THE OPEN DOOR  
5787 KLODIKE RD.  
BASCOM, FL 32423

Subject: THE HOUSE OF FAITH OF LORD JESUS CHRIST OF THE OPEN DOOR

Reference Number: N98000004499

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$42.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$19.00.

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 850-245-6056 and press 4. Your call will be answered in the order it is received.

I am very sorry  
was a mistake. Here is the bal. \$19.00

/LA

ANNUAL REPORTS SECTION