

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF  
STATE  
DIVISION OF CORPORATIONS

FILED  
Jun 18 1998 8:00am  
Secretary of State



DOCUMENT # P19219 (5)

1. Corporation Name

THE "OPEN DOOR" MISSIONARY FELLOWSHIP, INC.

Principal Place of Business

7800 131ST ST. N. (34646)  
P O BOX 4248  
SEMINOLE FL 34646

Mailing Address

7800 131ST ST. N. (34646)  
P O BOX 4248  
SEMINOLE FL 34646

3. Date Incorporated or Qualified

05/11/1988

4. FEI Number

36-3618858

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERS, HERBERT H.  
8216 FOREST CIRCLE NORTH  
SEMINOLE FL 33776

81 Name

82 Street Address (r

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 ☐ DELETE  
NAME PETERS, HERBERT H.  
STREET ADDRESS 8216 FOREST CIRCLE NO.  
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HELLMINTOLLER, DAVID  
CITY-ST-ZIP 201 184TH AVE.  
ST. PETERSBURG FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS CRAWFORD, WARREN  
CITY-ST-ZIP ROUTE 1  
POCAHANTOS IL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS LETKEMAN, LLOYD  
CITY-ST-ZIP 443 MOUNTAIN STREET N.  
MORDEN MANITOBA CANA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PETERS, REYNOLD RAY  
CITY-ST-ZIP 12727-29TH ST W  
BEACH PARK IL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DT  
STREET ADDRESS FERGUSON, JIM  
CITY-ST-ZIP ROUTE 1, BOX 3690  
ZOLFO SPRINGS FL

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.

SIGNATURE:

*Herbert H. Peters*

CR2E037 (10/97)