

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -2 AM 8:00

DOCUMENT # P19219

1. Entity Name  
THE "OPEN DOOR" MISSIONARY FELLOWSHIP, INC.



Principal Place of Business  
7600 131ST ST. N. (34646)  
P O BOX 4248  
SEMINOLE, FL 34646

Mailing Address  
7600 131ST ST. N. (34646)  
P O BOX 4248  
SEMINOLE, FL 34646

**REINSTATEMENT 04**



2. Principal Place of Business  
7600 131st Street N.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 4248  
Suite, Apt. #, etc.

11012004 REIN-NP CR2E099 (6/04) *MRD*

City & State  
Seminole FL

City & State  
Seminole FL

4. FEI Number  
36-3618858  
Applied For  
Not Applicable

Zip  
33776  
Country  
Panama

Zip  
33775  
Country  
Panama

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 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 *Herbert H. Peters*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2005, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME PETERS, HERBERT H.  
STREET ADDRESS 8216 FORREST CIRCLE NO.  
CITY-ST-ZIP SEMINOLE, FL ☐ Delete

TITLE D  
NAME HELLMINTOLLER, DAVID  
STREET ADDRESS 201 164TH AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL ☐ Delete

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

TITLE DT  
NAME FERGUSON, JIM  
STREET ADDRESS 1160 LINNS MILL RD.  
CITY-ST-ZIP TROY, MO 63379 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500043128515  
12/02/04--01039--005 \*\*245.00

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

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

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

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

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: *Rev Herbert H. Peters* *Rev Herbert H. Peters* 11-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #