

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -2 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P19219	
1. Entity Name THE "OPEN DOOR" MISSIONARY FELLOWSHIP, INC.	



Principal Place of Business 7600 131ST ST. N. SEMINOLE, FL 33776	Mailing Address PO BOX 4248 SEMINOLE, FL 33775
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

10202005 REIN-NP CR2E099 (6/04)	
4. FEI Number 36-3618858	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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	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 <i>Rev Herbert H Peters</i>	DATE <i>October 31st 2005</i>

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	PETERS, HERBERT H
STREET ADDRESS	8216 FORREST CIRCLE NO.
CITY - ST - ZIP	SEMINOLE, FL
TITLE	D <input type="checkbox"/> Delete
NAME	HELLMINTOLLER, DAVID
STREET ADDRESS	201 164TH AVE.
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	D <input type="checkbox"/> Delete
NAME	PETERS, REYNOLD RAY
STREET ADDRESS	12727-29TH ST W
CITY - ST - ZIP	BEACH PARK, IL
TITLE	DT <input type="checkbox"/> Delete
NAME	FERGUSON, JIM
STREET ADDRESS	1160 LINNS MILL RD.
CITY - ST - ZIP	TROY, MO 63379
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rev Herbert H Peters</i>	727-391 4292

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