2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N00000000748

Entity Name: OPEN DOOR MINISTRIES & ASSOCIATES, INC.

Current Principal Place of Business:

6785 NW 169 ST, UNIT B
MIAMI LAKES, FL 33015

New Principal Place of Business:

6785 NW 169 ST,
B
MIAMI LAKES, FL 33015

Current Mailing Address:

6785 NW 169 ST, UNIT B
MIAMI LAKES, FL 33015

New Mailing Address:

6785 NW 169 ST,
B
MIAMI LAKES, FL 33015

FEI Number: 65-0978472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND STREET
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACKSON, NATHANIEL SR
Address: 6785 NW 169 ST, UNIT B
City-St-Zip: MIAMI LAKES, FL 33015

Title: STD ( ) Delete
Name: JACKSON, JANICE J
Address: 6785 NW 169 ST, UNIT B
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP ( ) Delete
Name: JACKSON, JR., NATHANIEL J
Address: 6785 NW 169TH STREET, UNIT B
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHANIEL JACKSON SR. PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date