2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710547

Feb 18, 2009 Secretary of State

Entity Name: THE TRUE HOLINESS PENTECOASTAL OF LORD JESUS CHURCH OF THE OPEN DOOR, INC.

Current Principal Place of Business: New Principal Place of Business:

5099 LITTLE ROCK CIR. C/O JOHN ANDREWS EBRO, FL 32437

New Mailing Address: Current Mailing Address:

4655 VERBENA ROAD C/O JOHN ANDREWS EBRO, FL 32437

FEI Number: 59-1762839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDREWS, JOHN 4655 VERBÉNA ROAD EBRO, FL 34237

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BROWN, MARY L, BROWN, MARY L, Name: Name: 3961 LORENZA PLACE Address: 3961 LORENZA PLACE Address:

City-St-Zip: VERNON, FL City-St-Zip: VERNON, FL 32462

Title: PD Title: (X) Change () Addition () Delete ANDREWS, JOHN, Name: ANDREWS, JOHN, Name: Address: 4655 VERBENA ROAD Address: 4655 VERBENA ROAD City-St-Zip: EBRO, FL City-St-Zip: EBRO, FL 32437

Title: () Delete Title: (X) Change () Addition

BROWN, RUDOLPH BROWN, RUDOLPH Name: Name: 4727 HAPPY HILL ROAD 4727 HAPPY HILL ROAD Address: Address: City-St-Zip: EBRO, FL 32427 City-St-Zip: EBRO, FL 32437

Title: () Delete Title: (X) Change () Addition

ANDREWS, BERNICE Name: Name: ANDREWS, BERNICE 4655 VERBENA ROAD 4655 VERBENA ROAD Address: Address: City-St-Zip: EBRO, FL 32427 City-St-Zip: EBRO, FL 32437

Title: VD () Delete Title: VD (X) Change () Addition

BROWN, LOUIS D BROWN, LOUIS D Name: Name: 3961 LORENZA PL 3961 LORENZA PL Address: Address: City-St-Zip: VERNON, FL City-St-Zip: VERNON, FL 32462

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: JOHN ANDREWS PD 02/18/2009