

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90033 007 ****61.25

DOCUMENT # 724495

1. Entity Name

OPEN DOOR MISSION, OF ORLANDO, FLORIDA, INC.



Principal Place of Business

7441 CALVIN LEE RD
BG 3
GROVELAND FL 34736
US

Mailing Address

7441 CALVIN LEE RD
BLDG. B
GROVELAND FL 34735
US

50007238



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7230608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, ALBERT L.
7441 CALVIN LEE RD
GROVELAND FL 34736

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, ALBERT L.	
STREET ADDRESS	7441 CALVIN LEE RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKELLAR, JANE I.	
STREET ADDRESS	71 INTERLAKEN RD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, ELIZABETH W.	
STREET ADDRESS	7441 CALVIN LEE RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DURHAM, WILLIAM F.	
STREET ADDRESS	2517 SHREWBURY RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete
NAME	Lisa N. Lewis	
STREET ADDRESS	7425 Calvin Lee Rd.	
CITY-ST-ZIP	Groveland, FL 34736	

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	Durham, William F.	
STREET ADDRESS	2517 Shrewbury Rd.	
CITY-ST-ZIP	Orlando, FL	
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:

Albert L. Lewis
President

1/21/05

352-429-4068

Date

Daytime Phone #