

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90030 042 ****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

400003700



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7230608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, ALBERT L.
STREET ADDRESS 7441 CALVIN LEE RD
CITY-ST-ZIP GROVELAND, FL

TITLE VD
NAME MCKELLAR, JANE I.
STREET ADDRESS 71 INTERLAKEN RD
CITY-ST-ZIP ORLANDO, FL 32804

TITLE SD
NAME LEWIS, ELIZABETH W.
STREET ADDRESS 7441 CALVIN LEE RD
CITY-ST-ZIP GROVELAND, FL

TITLE D
NAME DURHAM, WILLIAM F.
STREET ADDRESS 2517 SHREWBURY RD
CITY-ST-ZIP ORLANDO, FL

TITLE TD
NAME LEWIS, LISA N
STREET ADDRESS 7425 CALVIN LEE RD
CITY-ST-ZIP GROVELAND, FL 34736

TITLE D
NAME BORLING, ANN
STREET ADDRESS 50 Interlaken Rd. Orlando, FL 32804
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #