

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737229**

1. Entity Name  
**THE OPEN DOOR TO CHRIST, INC.**



Principal Place of Business

**201 NW 5 AVE  
DANIA, FL 33004**

Mailing Address

**C/O CONNIE J ROBINSON  
1251 NW 46 AVE  
LAUDERHILL, FL 33313**



04182006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2438937**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, CONNIE  
1251 NW 46 AVE  
LAUDERHILL, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WITHERSPOON, MAE GLADYS  
STREET ADDRESS 215 BRINKLY DR  
CITY-ST-ZIP DELAND, FL

TITLE OD  
NAME SMITH, REBIE  
STREET ADDRESS 121 SW 5 CT  
CITY-ST-ZIP DANIA, FL 33004

TITLE STD  
NAME ROBINSON, CONNIE J.  
STREET ADDRESS 1251 N.W. 46TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000550027  
05/13/06-80043-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

4/19/06 (954) 731-4555  
Date Daytime Phone #