


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 737229 1. Entity Name THE OPEN DOOR TO CHRIST, INC. |  |
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| 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 |
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DO NOT WRITE IN THIS SPACE

FILED
Aug 29, 2008 08:00 AM
Secretary of State



05082008 No Chg-NP CR2E037 (4/06)

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|---|-------------------------------|
| 4. FEI Number 59-2438937 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROBINSON, CONNIE 1251 NW 46 AVE LAUDERHILL, FL 33313 |
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WITHERSPOON, MAE GLADYS 1380 S. ADELE AVE DELAND, FL 32721 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OD SMITH, REBIE 121 SW 5 CT DANIA, FL 33004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ROBINSON, CONNIE J. 1251 N.W. 46TH AVE. FT. LAUDERDALE, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OD WITHERSPOON, RALPH 1380 S. ADELE AVE DELAND, FL 32721 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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08/29/08-80001-016 61.25

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:  **8/9/08** (954) 731-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR