

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737229

FILED  
Aug 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

201 NW 5 AVE  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2438937      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WITHERSPOON, MAE GLADYS  
Address: 1380 S. ADELE AVE  
City-St-Zip: DELAND, FL 32721

Title: OD      ( ) Delete  
Name: SMITH, REBIE  
Address: 121 SW 5 CT  
City-St-Zip: DANIA, FL 33004

Title: STD      ( ) Delete  
Name: ROBINSON, CONNIE J.  
Address: 1251 N.W. 46TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: OD      ( ) Delete  
Name: WITHERSPOON, RALPH  
Address: 1380 S. ADELE AVE  
City-St-Zip: DELAND, FL 32721

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CONNIE ROBINSON

O/D

08/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date