


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90155 002 ****61.25

0011032

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737769					
1. Corporation Name OPEN DOOR MINISTRIES OF GAINESVILLE, FLORIDA, IN C.					
Principal Place of Business 601 NE 19TH ST GAINESVILLE FL 32641 US			Mailing Address P.O. BOX 809 GAINESVILLE FL 32602		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/10/1977	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1724616	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		9. Name and Address of Current Registered Agent JONES, TALMADGE 601 NE 19TH STREET GAINESVILLE FL 32601	
City 29		City 30		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Talmadge Jones* **TALMADGE JONES** **4/21/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUMWASHE, RICHARD		1.2 NAME JONES, DAVID	
STREET ADDRESS 1023 NE 24TH ST		1.3 STREET ADDRESS 1135 SE. 12TH ST.	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP GAINESVILLE, FL. 32641	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREWS, RAMOTH JR.		2.2 NAME	
STREET ADDRESS 1440 SE 24TH PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32641		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIMS, WILLIAM		3.2 NAME RENTZ, SAUL	
STREET ADDRESS 3191 SE 24TH AVENUE		3.3 STREET ADDRESS 1219 NW 10TH AVE.	
CITY-ST-ZIP GAINESVILLE FL 32641		3.4 CITY-ST-ZIP GAINESVILLE, FL. 32601	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES JR, SAMUEL		4.2 NAME	
STREET ADDRESS 915 SE 19TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Talmadge Jones* **TALMADGE JONES** **4/21/99** **352-377-8162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)