

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737769

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** OPEN DOOR MINISTRIES OF GAINESVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

601 NE 19TH ST  
GAINESVILLE, FL 32641 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 809  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 59-1724616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, TALMADGE  
601 NE 19TH STREET  
GAINESVILLE, FL 32601 US

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

JONES, MARGARET  
915 S E 19TH STREET  
GAINESVILLE, FL 32641 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: MARGARET JONES

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: JONES, DAVID  
Address: 1135 SE 12TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: TD ( ) Delete  
Name: ANDREWS, RAMOTH JR.  
Address: 1440 SE 24TH PLACE  
City-St-Zip: GAINESVILLE FL, 32641

Title: SD ( ) Delete  
Name: RENTZ, SAUL  
Address: 1219 NW 10TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD ( ) Delete  
Name: JONES JR, SAMUEL  
Address: 915 SE 19TH STREET  
City-St-Zip: GAINESVILLE, FL

**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 for the exemption stated in Section 119.07(3)(i), 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: SAMUEL JONES JR.

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date