2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 737769

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, MARGARET
915 S E 19TH STREET
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

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: VD ( ) Delete
Name: JONES, TIMOTHY L
Address: 8214 S W 52ND LN
City-St-Zip: GAINESVILLE, FL 32608

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 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: SAMUEL JONES JR. PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date