

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003929**  
 1. Entity Name  
 OPEN DOOR MINISTRIES OF ORLANDO INC.



Principal Place of Business  
 6310 JENNIFER JEAN DR.  
 ORLANDO, FL 32818

Mailing Address  
 6310 JENNIFER JEAN DR.  
 ORLANDO, FL 32818

**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-3661542

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLAYTON, GREGORY B  
 6310 JENNIFER JEAN DR.  
 ORLANDO, FL 32818

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25 Due by May 1, 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	P CLAYTON, GREGORY B 6310 JENNIFER JEAN DR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAYTON, SERITA A 6310 JENNIFER JEAN DR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, L.J. 5334 LILY ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, CHARLIE J 14842 TICKNOR ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODARD, MARGARET L 224 CURTIS AVE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000813180  
 02/12/08-80079-009 61.25

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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:** Margaret Woodard Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR