


**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.	
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Principal Place of Business 6310 JENNIFER JEAN DR. ORLANDO, FL 32818	Mailing Address 6310 JENNIFER JEAN DR. ORLANDO, FL 32818
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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 <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

<p>U000000813180 02/12/08-80079-009 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Margaret Woodard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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