2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N00000003929

Entity Name: OPEN DOOR MINISTRIES OF ORLANDO INC.

Current Principal Place of Business:

6310 JENNIFER JEAN DR.
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

6310 JENNIFER JEAN DR.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3661542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAYTON, GREGORY B
6310 JENNIFER JEAN DR.
ORLANDO, FL 32818 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:	P	( ) Delete
Name:	CLAYTON, GREGORY B	
Address:	6310 JENNIFER JEAN DR.	
City-St-Zip:	ORLANDO, FL 32818	
Title:	S	( ) Delete
Name:	SMITH, RONALD	
Address:	7095 BALBOA DRIVE	
City-St-Zip:	ORLANDO, FL 32818	
Title:	V	( ) Delete
Name:	WHITE, L.J.	
Address:	5334 LILY ST	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	COLEMAN, CHARLIE J	
Address:	14842 TICKNOR ST	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	T	( ) Delete
Name:	WOODARD, MARGARET L	
Address:	224 CURTIS AVE	
City-St-Zip:	GROVELAND, FL 34736	

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:	
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: MARGARET L. WOODARD TREA 06/22/2009

Electronic Signature of Signing Officer or Director — Date