2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004249

ERNIE, BLANCO

824 E MOWRY DR

HOMESTEAD, FL 33030

Name:

Address:

City-St-Zip:

FILED Jul 25, 2006 Secretary of State

	12111111110100000-2-3		Occircially of Olate	
Entity Na	me: THE DOOR CHRISTIAN CHURCH,	INC.		
Current Principal Place of Business:		New Princip	New Principal Place of Business:	
	STEAD BLVD EAD, FL 33030			
Current Mailing Address:		New Mailing	New Mailing Address:	
420 NW 1: HOMESTE	5 ST EAD, FL 33030			
	: 65-1034332 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applic d not receive the prior notice.		
Name and	I Address of Current Registered Agent	: Name and A	Address of New Registered Agent:	
	5 ST EAD, FL 33030 US			
The above in the State	named entity submits this statement for t e of Florida.	he purpose of changing its	registered office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete CHAVEZ, FRANK 420 NW 15 ST HOMESTEAD, FL 33030	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete CHAVEZ, ROSA 420 NW 15 ST HOMESTEAD, FL 33030	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GOMEZ, DAVID 14500 SW 280 ST. LOT 218 NARANGA, FL 33032	Name: Address:	D (X) Change()Addition GOMEZ, DAVID 220 NE 12 AVE. SP 217 HOMESTEAD, FL 33030	
Title [.]	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK CHAVEZ PD 07/25/2006