


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90019 040 \*\*\*\*61.25

<b>DOCUMENT # N01000007063</b>			
1. Entity Name <b>OPEN DOOR FOOD BANK, INC.</b>			
Principal Place of Business <b>750 JARMILA LANE FT. MYERS FL 33905</b>		Mailing Address <b>750 JARMILA LANE FT. MYERS FL 33905</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

JY000111



MOORE CR2E037 (4/04)

4. FEI Number <b>65-1141712</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>JETERS, GLENDA 750 JARMILA LANE FT. MYERS FL 33905</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 Glenda M. Jeters Glenda Jeters President/Founder DATE 8/10/04

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

<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	REV	<input checked="" type="checkbox"/> Delete	TITLE	Pastor/Retired Chef	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, VILETTA		NAME	Frank Hinds, Sr	
STREET ADDRESS	P O BOX 1254		STREET ADDRESS	PO Box 1254	
CITY-ST-ZIP	FORT MYERS FL 33902		CITY-ST-ZIP	Ft Myers FL 33902	
TITLE	CHEF	<input checked="" type="checkbox"/> Delete	TITLE	Dr Edgardo Welch, Sr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, DAVID		NAME	P O Box 1254	
STREET ADDRESS	P O BOX 1254		STREET ADDRESS	Fort Myers FL 33902	
CITY-ST-ZIP	FORT MYERS FL 33902		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Evangelist Jeanette Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JETERS, GLENDA		NAME	PO Box 1254	
STREET ADDRESS	750 JARMILA LANE		STREET ADDRESS	Ft Myers FL 33902	
CITY-ST-ZIP	FORT MYERS FL 33905		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLER, ALVIN L		NAME		
STREET ADDRESS	P O BOX 1254		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33992		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLER, STACY		NAME		
STREET ADDRESS	P O BOX 1254		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33902		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 677, 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: Glenda M Jeters Glenda M. Jeters DATE 8/10/04 339 694-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #