

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90201 035 \*\*\*\*61.25

0088535

DOCUMENT # **NO1000007063**

1. Entity Name

**OPEN DOOR FOOD BANK, INC.**



Principal Place of Business

**750 JARMILA LANE  
FT. MYERS FL 33905**

Mailing Address

**750 JARMILA LANE  
FT. MYERS FL 33905**

**11033416**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-114712**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JETERS, GLENDA  
750 JARMILA LANE  
FT. MYERS FL 33905**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Glenda Jeters*

**4-29-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	REV	<input type="checkbox"/> Delete
NAME	JACKSON, VILETTA	
STREET ADDRESS	P O BOX 1254	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	MOODY, CAROLYN	
STREET ADDRESS	P O BOX 1254	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	CHEF	<input type="checkbox"/> Delete
NAME	DAVIS, DAVID	
STREET ADDRESS	P O BOX 1254	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	JETERS, GLENDA	
STREET ADDRESS	750 JARMILA LANE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	PULLER, ALVIN L	
STREET ADDRESS	P O BOX 1254	
CITY-ST-ZIP	FORT MYERS FL 33992	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	PULLER, STACY	
STREET ADDRESS	P O BOX 1254	
CITY-ST-ZIP	FORT MYERS FL 33902	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 life empowered.

SIGNATURE:

*Glenda Jeters* **GLENDA Jeters** **4-29-03** **239-694-4052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Phone #

CR2E037 (10/02)