

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90029 021 ****70.00

DOCUMENT # N02000006235

1. Entity Name

OPEN DOOR SANCTUARY MINISTRY, INC.



Principal Place of Business

Mailing Address

13990 N.W. 27TH AVENUE
OPA LOCKA FL 33054

13990 N.W. 27TH AVENUE
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

03-0479187

Applied For

Not Applicable

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

PENN, VERA
13990 N.W. 27TH AVENUE
OPA LOCKA FL 33054

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, FREDERICK	
STREET ADDRESS	8208 N.W. 201ST TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENN, LUWANDA	
STREET ADDRESS	8208 N.W. 201ST TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, NATARSHA	
STREET ADDRESS	17901 N.W. 68TH AVE., APT. 205	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	O	<input type="checkbox"/> Delete
NAME	PERSON, SARAH PASTOR	
STREET ADDRESS	1235 N.W. 188TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	MOD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, MARY	
STREET ADDRESS	1930 N.W. 98TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	CBA	<input type="checkbox"/> Delete
NAME	AUSBORN, BRENDA	
STREET ADDRESS	9706 NW 20TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
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 exemptions contained in Section 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:

FREDERICK JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06
Date

Daytime Phone #