2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N02000006235 1. Entity Name 04-17-2008 90013 029 ****70.00 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 - No P.O. Box # 3. Mailing Address 12224 NW 22 ave Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 03-0479187 Miam: Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Dad Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENN, VERA Street Address (P.O. Box Number is Not Acceptable) 13990 N.W. 27TH AVENUE OPA LOCKA FL 33054 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 Fiorida. 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delate ☐ Addition JONES, FREDERICK NAME 8208 N.W. 201ST TERRACE STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33015 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ' ☐ Addition PENN, LUWANDA NAME NAME 8208 N.W. 201ST TERRACE STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33015 CITY-ST-ZIP CITY-ST-ZIP TITLE TD. --- Delete TITLE Change ___ Addition NAME NELSON, NATARSHA NAME 17901 N.W. 68TH AVE., APT. 205 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33015 CITY-ST-ZIP CITY-ST-ZIP <u>Overseer</u> Rev. Richard Cain 3267 N.W. 123 ave Delete TR Addition TITLE TIT: F PERSON, SARAH PASTOR NAME NAME STREET ADDRESS 1235 N.W. 188TH STREET STREET ADDRESS Sunrise FL 33323 MIAMI FL 33169 CITY-ST-ZIP CITY-ST-7iP CRA THILE ☐ Delete THILE ☐ Change ☐ Addition AUSBORN, BRENDA NAME 9706 NW 20TH AVE STREET ADDRESS STREET ACCRESS MIAMI FL 33147 CITY-ST-ZIP CITY+ST-792 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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