

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 018 ****61.25

DOCUMENT # N02000009085			
1. Entity Name OPEN DOORS COMMUNITY & ECONOMIC DEVELOPMENT CORPORATION			
Principal Place of Business 1130 EAST DONEGAN AVENUE SUITE 4 KISSIMMEE, FL 34744		Mailing Address PO BOX 452831 KISSIMMEE, FL 34745	
2. Principal Place of Business - No P.O. Box # 1112 E. Donegan Ave.		3. Mailing Address 1112 E. Donegan Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State Kissimmee FL	
Zip 34744		Zip 34744	
Country		Country	
4. FEI Number 35-2201256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPTON, BARRY 1130 EAST DONEGAN AVENUE SUITE 4 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: right;"> DATE 4/30/07 </div> </div> <p style="font-size: small;">(NOTE: Registered Agent signature required when resigning)</p>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> 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 PD NAME COMPTON, BARRY STREET ADDRESS 1688 TAYLOR RIDGE LOOP CITY-ST-ZIP KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME KECK, LAUREN STREET ADDRESS 1656 TAYLOR RIDGE LOOP CITY-ST-ZIP KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME OWEN, CHARLES STREET ADDRESS 1509 SUNSET PT. PLACE CITY-ST-ZIP KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE 4/30/07	
Typed or Printed Name of Signing Officer or Director		Daytime Phone # 407-933-2554	