

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 022 ****70.00

DOCUMENT # N03000006873 1. Entity Name OPEN DOOR CHRISTIAN FELLOWSHIP INC.																													
Principal Place of Business 2003 BEAUX DR JACKSONVILLE, FL 32210			Mailing Address P.O. BOX 6236 JAX, FL 32236																										
2. Principal Place of Business 1828 FOURAKER RD Suite, Apt. #, etc.		3. Mailing Address 1828 FOURAKER RD Suite, Apt. #, etc.																											
City & State JACKSONVILLE FLORIDA		City & State JACKSONVILLE FLORIDA		4. FEI Number 65-1196417																									
Zip 32221		Country AMERICA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BRAY, WILLIAM M 2003 BEAUX DR JACKSONVILLE, FL 32210			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.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P BRAY, WILLIAM M</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2003 BEAUX DR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JACKSONVILLE, FL 32210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P BRAY, WILLIAM M	<input type="checkbox"/> Delete	NAME	2003 BEAUX DR		STREET ADDRESS	JACKSONVILLE, FL 32210		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 like empowered.																													
SIGNATURE: <u>William M. Bray</u> WILLIAM M. BRAY 2/23/05 (904) 781-5619																													