

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007901

FILED
Sep 07, 2004
Secretary of State

Entity Name: OPEN DOOR HEALING & RENEWAL CENTER FOR WOMEN, INC.

Current Principal Place of Business:

3511 VESTAVIA WAY
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3511 VESTAVIA WAY
LONGWOOD, FL 32779

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE ALMINANA, PEGGY
3511 VESTAVIA WAY
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE ALMINANA, PEGGY
Address: 3511 VESTAVIA WAY
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DE ALMINANA, MARTY
Address: 3511 VESTAVIA WAY
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ATTWOOD, NATHAN REV
Address: 903 E SECOND PLAZA
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: WILLIAMS, RUTH CHAPLAI
Address: P O BOX 720321
City-St-Zip: ORLANDO, FL 32872

Title: D () Delete
Name: GILMOUR, WALLY REV
Address: 917 RED FOX RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEG DE ALMINANA

P

09/07/2004

Electronic Signature of Signing Officer or Director

Date