

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-18-2005 90575 009 \*\*\*\*61.25

N03000007901

05 JUL -8 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007901

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



Principal Place of Business  
3511 VESTAVIA WAY  
LONGWOOD, FL 32779

Mailing Address  
3511 VESTAVIA WAY  
LONGWOOD, FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005

Chg-NP

CR2E037 (10/03)

4. Filing Number

06-1706537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE ALMINANA, PEGGY  
3511 VESTAVIA WAY  
LONGWOOD, FL 32779

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

Filing Fee is \$61.25  
Due by May 1, 2005

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          | D                           | <input type="checkbox"/> Delete            |
| NAME           | DE ALMINANA, PEGGY          |                                            |
| STREET ADDRESS | 3511 VESTAVIA WAY           |                                            |
| CITY- ST- ZIP  | LONGWOOD, FL 32779          |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | DE ALMINANA, MARTY          |                                            |
| STREET ADDRESS | 3511 VESTAVIA WAY           |                                            |
| CITY- ST- ZIP  | LONGWOOD, FL 32779          |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | ATTWOOD, NATHAN REV         |                                            |
| STREET ADDRESS | 903 E SECOND PLAZA          |                                            |
| CITY- ST- ZIP  | PANAMA CITY, FL 32401       |                                            |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, RUTH CHAPLAI      |                                            |
| STREET ADDRESS | P O BOX 720321              |                                            |
| CITY- ST- ZIP  | ORLANDO, FL 32872           |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | GILMOUR, WALLY REV          |                                            |
| STREET ADDRESS | 917 RED FOX RD              |                                            |
| CITY- ST- ZIP  | ALTAMONTE SPRINGS, FL 32714 |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | BILL SNOK                   |                                            |
| STREET ADDRESS | 806 LAKE HIGHLAND DRIVE     |                                            |
| CITY- ST- ZIP  | ORLANDO, FL 32803           |                                            |

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 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 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.

M. H. DE ALMINANA

SIGNATURE: *M. H. De Alminana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 902-772-4609

Date

Daytime Phone #