2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# N03000007901

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: 06-1706537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE ALMINANA, PEGGY
3511 VESTAVIA WAY
LONGWOOD, FL 32779 US

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: 8730 RIDGESTONE DRIVE
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: SNOOK, BILL
Address: 806 LAKE HIGHLAND DRIVE
City-St-Zip: ORLANDO, FL 32803

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 exemption stated 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 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: MARTIN H DE ALMINANA D 07/13/2007

Electronic Signature of Signing Officer or Director — Date