

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000084

FILED
Mar 20, 2007
Secretary of State

Entity Name: DOORWAY TO HOPE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

2445 NW 62ND STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2445 NW 62ND STREET
MIAMI, FL 33147

New Mailing Address:

121 NW SILAS GLEN
LAKE CITY, FL 32055

FEI Number: 41-2155845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTGOMERY, MARIE
121 NW SILAS GLN
LAKE CITY, FL 32055 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: CEOC () Delete
Name: WATSON, ALBERT JR
Address: 1005 NE 92 STREET
City-St-Zip: MIAMI, FL 33138

Title: VC () Delete
Name: MCALLISTER, DAVIE
Address: 43 BAHIA PASS
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: BILLINGSLEA, SHERWIN
Address: 7635 NW 21ST AVE.
City-St-Zip: MIAMI, FL 33147

Title: ST () Delete
Name: MONTGOMERY, MARIE
Address: 121 NW SILAS GLN
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: WATSON, ANGEL
Address: 338 NW 53 STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: MCALLISTER, DAVIE
Address: 16 JUIPER LOOP PLACE
City-St-Zip: OCALA, FL 34480

Title: D (X) Change () Addition
Name: BILLINGSLEA, SHERWIN
Address: 7635 NW 21 ST. AVE.
City-St-Zip: MIAMI, FL 33147

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 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: MARIE MONTGOMERY

ST

03/20/2007

Electronic Signature of Signing Officer or Director

Date