

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 24, 2007  
Secretary of State**

DOCUMENT# N05000003478

Entity Name: OPEN DOOR MINISTRY, INC.

**Current Principal Place of Business:**

24840 NE 132ND PLACE  
SALT SPRINGS, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

24840 NE 132ND PLACE  
SALT SPRINGS, FL 32134

**New Mailing Address:**

FEI Number: 20-2793647      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:**

ANDREWS, TREVOR  
24840 NE 132ND PLACE  
SALT SPRINGS, FL 32134      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: CD      ( ) Delete  
Name: ANDREWS, TREVOR  
Address: 24840 NE 132ND PLACE  
City-St-Zip: SALT SPRINGS, FL 32134

Title: TD      ( ) Delete  
Name: ANDREWS, HOWARD  
Address: 24840 NE 132ND PLACE  
City-St-Zip: SALT SPRINGS, FL 32134

Title: DS      ( ) Delete  
Name: UNDERWOOD, PETER  
Address: 24889 NE 133RD PLACE  
City-St-Zip: SALT SPRINGS, FL 32134

**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:

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: TREVOR ANDREWS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

05/24/2007

\_\_\_\_\_  
Date