

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010551

FILED
Feb 09, 2009
Secretary of State

Entity Name: OPEN DOOR HAITI, INC.

Current Principal Place of Business:

757 PICKFAIR TERRACE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

757 PICKFAIR TERRACE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKS, JAMES A
1120 W. FIRST STREET, SUITE B
SANFORD, FL 32771 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: HOLLIDAY, DOUG
Address: 367 PUTNAM LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: HERBULIS, BOBBY V
Address: 790 MONROE ROAD
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: FRENCH, STEVE
Address: 379 PUTNAM LANE
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: STOUT, BRIAN
Address: 757 PICKFAIR TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: BARKS, JAMES
Address: 1120 W. FIRST STREET, SUITE B
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: MCBROOM, DANA
Address: 1120 W. FIRST STREET, SUITE A
City-St-Zip: SANFORD, FL 32771

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:

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: BRIAN STOUT

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date