

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007940

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** OPEN DOOR PRIMITIVE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

4132 KALWIT LANE  
ORLANDO, FL 32808

**New Principal Place of Business:**

5310 SILVER STAR ROAD  
ORLANDO, FL 32808

**Current Mailing Address:**

4132 KALWIT LANE  
ORLANDO, FL 32808

**New Mailing Address:**

P.O.BOX 585130  
ORLANDO, FL 32858

**FEI Number:** 90-0510460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOLLIVER, ARTICUSS A  
4132 KALWIT LANE  
ORLANDO, FL 32808 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: E  
Name: TOLLIVER, ARTICUSS A  
Address: 4132 KALWIT LANE  
City-St-Zip: ORLANDO, FL 32808

Title: D  
Name: LUNDY, GIBERT  
Address: 6110 MERRIEWOOD DR.  
City-St-Zip: ORLANDO, FL 32508

Title: T  
Name: LUNDY, STEPHANIE R  
Address: 6110 MERRIEWOOD DR.  
City-St-Zip: ORLANDO, FL 32808

Title: C  
Name: COLLINS, JO L  
Address: 1160 AUDUBON WAY  
City-St-Zip: MAITLAND, FL 32751

Title: C  
Name: COLLINS, JAMES  
Address: 1160 AUDUBON WAY  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHANIE R LUNDY

T

03/29/2010

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

\_\_\_\_\_  
Date