

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 31 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28587 (6)

1. Corporation Name
THE OPEN DOOR AT FT. PIERCE, INC.

Principal Place of Business Mailing Address
P-O BOX 3366 P-O BOX 3366
% PATRICIA R. HAND, P.O. BOX 3366 % PATRICIA R. HAND, P.O. BOX 3366
FT. PIERCE FL 34948 FT. PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1988** 3a. Date of Last Report **12/01/1994**
4. FEI Number **65-0076178** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **910 Southern Ave.** 25 **910 Southern Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **Ft. Pierce, FL** 28 **Ft. Pierce, FL**
Zip Country Zip Country
24 **34950** 25 **USA** 29 **34950** 30 **USA**

9. Name and Address of Current Registered Agent
**HAND, PATRICIA R.
2905 ROCKSPRING RD
APOPKA FL 32712**

10. Name and Address of New Registered Agent
81 Name **Nancy Ann Spooner**
82 Street Address (P.O. Box Number is Not Acceptable) **910 Southern Ave.**
83 **Ft. P.**
84 City **Ft. Pierce** FL 85 Zip Code **34950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Nancy A. Spooner* DATE **7/25/95**
Signature, typed or printed name of registered agent or title if applicable NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HAND, GEORGE V. JR.
STREET ADDRESS	2905 ROCKSPRING RD
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	HAND, PATRICIA R.
STREET ADDRESS	2905 ROCKSPRING RD
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	SPOONER, NORMAN J.
STREET ADDRESS	910 SOUTHERN AVENUE
CITY - ST - ZIP	FT. PIERCE FL
TITLE	D
NAME	SPOONER, NANCY ANN
STREET ADDRESS	910 SOUTHERN AVENUE
CITY - ST - ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hand, George V. Jr.
13 STREET ADDRESS	30129 County Road 435
14 CITY - ST - ZIP	Sorrento, FL 32776
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hand, Patricia R.
23 STREET ADDRESS	30129 County Road 435
24 CITY - ST - ZIP	Sorrento, FL 32776
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George V. Hand* DATE: **7/25/95** **407-466-0123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E037 (3/95)