


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90117 001 \*\*\*\*61.25  
02-27-2006 90117 002 \*\*\*\*\*8.75

<b>DOCUMENT # N31086</b>	
<b>1. Entity Name</b>	
OPEN DOOR FULL GOSPEL PRAISE CENTER, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
433 4TH ST EAST P.O. BOX 846 ZOLFO SPRINGS FL 33890 US	433 4TH ST EAST P.O. BOX 846 ZOLFO SPRINGS FL 33890 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b>	<b>Applied For</b>
NO-T APPLICABLE	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input checked="" type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
GILLEY, MELFORD 207 E BROWARD ST BOWLING GREEN FL 33834

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	GILLEY, MELFORD
<b>STREET ADDRESS</b>	433 4TH ST EAST
<b>CITY-ST-ZIP</b>	ZOLFO SPRINGS FL
<b>TITLE</b>	<b>STD</b> <input type="checkbox"/> Delete
<b>NAME</b>	GILLEY, VIDA
<b>STREET ADDRESS</b>	433 4TH ST EAST
<b>CITY-ST-ZIP</b>	ZOLFO SPRINGS FL
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	GILLEY, BRIAN
<b>STREET ADDRESS</b>	251 TANGERINE ST
<b>CITY-ST-ZIP</b>	LA BELLE FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	VD GILLEY BRIAN
<b>STREET ADDRESS</b>	433 4TH ST EAST
<b>CITY-ST-ZIP</b>	ZOLFO SPRINGS, FL
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> Melford Gilley MELFORD GILLEY	2/3/06
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