

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90011 001 ****61.25
03-06-2007 90011 002 *****8.75

DOCUMENT # N31086			
1. Entity Name OPEN DOOR FULL GOSPEL PRAISE CENTER, INC.			
Principal Place of Business 433 4TH ST EAST P.O. BOX 846 ZOLFO SPRINGS FL 33890 US		Mailing Address 433 4TH ST EAST P.O. BOX 846 ZOLFO SPRINGS FL 33890 US	
2. Principal Place of Business - No P.O. Box # 207 E. BROWARD ST. Suite, Apt. #, etc.		3. Mailing Address 1071 MAGNOLIA LANE Suite, Apt. #, etc.	
City & State BOWLING GREEN, FL Zip 33834 Country US		City & State WAUCHULA, FL Zip 33873 Country US	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GILLEY, MELFORD 207 E BROWARD ST BOWLING GREEN FL 33834		7. Name and Address of New Registered Agent 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILLEY, MELFORD 433 4TH ST EAST ZOLFO SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1071 MAGNOLIA LANE WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GILLEY, VIDA 433 4TH ST EAST ZOLFO SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1071 MAGNOLIA LANE WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GILLEY, BRIAN 433 4TH ST EAST ZOLFO SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: *Melford Gilley* **MELFORD GILLEY 2-24-07 863 773-9877**