

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36960

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: OPEN DOOR MINISTRIES, INC.

## Current Principal Place of Business:

16251 SLATER ROAD  
SUITE B & C  
FORT MYERS, FL 33917

## New Principal Place of Business:

4953 GARY DRIVE  
FORT MYERS, FL 33905 US

## Current Mailing Address:

4953 GARY DR  
FT MYERS, FL 33905

## New Mailing Address:

FEI Number: 65-0272967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORRIS, DONALD REV  
4953 GARY DR  
FT MYERS, FL 33905 US

## Name and Address of New Registered Agent:

MORRIS, DONALD D REV.  
4953 GARY DR  
FT MYERS, FL 33905 US

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: REV.DONALD D. MORRIS

03/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORRIS, DONALD REV,  
Address: 4953 GARY DR  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete  
Name: MORRIS, MARGARET,  
Address: 4953 GARY DR  
City-St-Zip: FT MYERS, FL

Title: D ( ) Delete  
Name: SIMMONS, ROBERT  
Address: 2990 RENEE CT.  
City-St-Zip: FT. MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GILLEY, MILFORD B D.  
Address: 433 FOURTH STREET EAST  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: REV DONALD D. MORRIS

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date