


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 045 ****61.25

DOCUMENT # N41285 1. Entity Name OPEN HOMES FELLOWSHIP, INC.					
Principal Place of Business C/O MICHAEL GRENIER 1831 CENTRAL PARK AVE. ORLANDO FL 32807 US			Mailing Address 1831 CENTRAL PARK AVE ORLANDO FL 32807 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3068450	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRENIER, MICHAEL 1831 CENTRAL PARK AVE. ORLANDO FL 32807				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 <u><i>Don Myers</i></u> DATE <u>4/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRENIER, MICHAEL		NAME		
STREET ADDRESS	1231 GOLDEN CLUB CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRENIER, BRENDA		NAME		
STREET ADDRESS	1231 GOLDEN CLUB CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYERS, DON		NAME		
STREET ADDRESS	1826 CENTRAL PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, IVAN		NAME		
STREET ADDRESS	1826 CENTRAL PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, WESLEY		NAME		
STREET ADDRESS	1231 CENTRAL PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTILE, MATTHEW		NAME		
STREET ADDRESS	717 DELANCY PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Don Myers</i></u>			DATE <u>4/8/05</u> DAYTIME PHONE # <u>407 595 6805</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					