

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45145

FILED
Sep 02, 2009
Secretary of State

Entity Name: THE OPEN DOOR CHURCH OF THE LORD JESUS CHRIST, INC.

Current Principal Place of Business:

68 HESTER LANE
GRETNA, FL 32332

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 945
QUINCY, FL 32353

New Mailing Address:

FEI Number: 59-3084483 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLS, MARVIN
68 HESTER LANE
GRETNA, FL 32332 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DUBOSE, ISABELLA
Address: P.O. BOX 945
City-St-Zip: QUINCY, FL 32353

Title: TD () Delete
Name: HALL, JEANELLA
Address: P.O. BOX 758
City-St-Zip: QUINCY, FL 32353

Title: D () Delete
Name: JACKSON, MICHELLE
Address: 405 STRONG ROAD APT 145A
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: FINNEY, ANGELA
Address: 33 CHURCH ROAD
City-St-Zip: GRETNA, FL 32332

Title: D () Delete
Name: FRYSON, ERMA
Address: P O BOX 447
City-St-Zip: GRETNA, FL 32332

Title: D () Delete
Name: ALLS, MARVA
Address: 30 PINE AVE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ISABELLA DUBOSE

CD

09/02/2009

Electronic Signature of Signing Officer or Director

Date