FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004280 (2)

1. Corporation Name

OPEN DOOR COMMUNITY SERVICES, INC.

Principal Place of Business	Mailing Address
565 SHADOW WOOD LANE #331 TITUSVILLE FL 32780	565 SHADOW WOOD LANE #331 TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 09/07/1995

3a. Date of Last Report: N/A

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-3331309 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, J P
930 S. HARBOR CITY BLVD. #505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96		
TITLE	DP	☐ DELETE	1.1 TITLE	DT	☐ Change ☑ Addition
NAME	BERNIER, ROBERT C		1.2 NAME	PAT NAYLOR	
STREET ADDRESS	565 SHADOW WOOD LANE #331		1.3 STREET ADDRESS	3940 POLARIS AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	DV	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	COLLEY, GEORGE E		2.2 NAME	NARRIEMA CURRY	
STREET ADDRESS	5083 RIVEREDGE DRIVE		2.3 STREET ADDRESS	2955 JACARANDA TRL.	
CITY-ST-ZIP	TITUSVILLE FL 32780		2.4 CITY-ST-ZIP	TITUSVILLE FL. 32780	
TITLE	DS	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	COLLEY, REBECCA		3.2 NAME	SUSAN F. BAIOCCO	
STREET ADDRESS	5083 RIVEREDGE DRIVE		3.3 STREET ADDRESS	802 CHENEY HGWY.	
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4 CITY-ST-ZIP	TITUSVILLE FL. 32780	
TITLE	DT	☒ DELETE	4.1 TITLE	ROBERT LUPO - D	☐ Change ☑ Addition
NAME	BERNIERR, SANDRA M		4.2 NAME		
STREET ADDRESS	565 SHADOW WOOD LANE #331		4.3 STREET ADDRESS	4005 MT. STERLING AV.	
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	GRETCHEN LUPO	
STREET ADDRESS			5.3 STREET ADDRESS	4005 MT. STERLING AV.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TITUSVILLE FL. 32780	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300001770043	
STREET ADDRESS			6.3 STREET ADDRESS	-04/05/96--01005--011	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Bernier 3-28-96 SG 4-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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TITLE	DT	[X] DELETE	4.1 TITLE	ROBERT LUPO - D	[ ] Change [X] Addition
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TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
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