FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

N96000002887 (5)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

OPEN DOOR OUTREACH MINISTRIES, INC.

Country

Principal Place of Business	Mailing Address	
115 MOSES STREET MULBERRY FL 33880	P.O. BOX 44 MULBERRY FL 33960-0044	

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FILED Mar 12 1997 8:00am Secretary of State



5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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24		25	ր ′ <u>Ի⊶</u>				30					Florida Statutes Yes You No 10. Name and Address of New Registered Agent							
	9. Name	and	Address of Current R	egit	tered Age	ent			_			10. Na	me and Ac	dress of	New Regi	stered	Agent		
								8	1	Name									
HURST,	HURST, LEWIS J							a	82 Street Address (P.O. Box Number is Not Acceptable)										
115 MO	SES STREE	T						Ĺ								,			
MULBER	MULBERRY FL 33860								3						***************************************				
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			of Sections 617.0502 a																
office or r	egistered age m familiar wit	ent, _' h. ai	or both, in the State of I nd accept the obligatio	Flori ons c	da. Such (If. Section	change was a 617.0503. Flo	auth orida	iorized i a Statut	by I es.	the corp	oratio	n's boar	d of directo	ors. I herel	by accept	the app	ointment as	registered	
					.,														
SIGNATURE .	Signature, typed	oi kirir	ated name of registered agent ar	nd title	f applicable.	(NOT	E Re	gistered A	gent	t signature	required	when reins	stating)			DATE			
12.			OFFICERS AND D	IRE	CTORS			13.				ADE	DITIONS/CH	IANGES T	O OFFICE	RS AND	DIRECTOR	S IN 12	
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CITY ST. 7IP								6.4 CITY											

Country

14. I do 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 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:

**The Court 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.

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