

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005030

FILED
Jan 03, 2005
Secretary of State

Entity Name: OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

5812 S SEMORAN BLVD
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

5812 S SEMORAN BLVD
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 58-2411894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITE, RONALD C
5348 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: LANGLEY, PAUL JR.
Address: 5812 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: VD () Delete
Name: DAILY, DANIEL
Address: 12 SOMERSET DRIVE
City-St-Zip: COATESVILLE, PA 19320

Title: D () Delete
Name: PHILLIPS, JANET
Address: 622 OLD SCHOOLHOUSE ROAD
City-St-Zip: LANDENBERG, PA 19350

Title: SD () Delete
Name: VALENTIN, MELISSA
Address: 497 N MILL RD
City-St-Zip: KENNETT SQUARE, PA 19348

Title: D () Delete
Name: DONOHUE, DAVID
Address: 177 HILLTOP ROAD
City-St-Zip: AVONDALE, PA 19311

Title: TD () Delete
Name: ZAMPELLI, DEAN
Address: 223 ELM ST
City-St-Zip: READING, PA 19606

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 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 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: PAUL LANGLEY

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date