2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007177

FILED Jan 22, 2009 Secretary of State

Entity Name: OPEN DOOR MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 130 N. CALHOUN ST. EATONVILLE, FL 32751 **Current Mailing Address: New Mailing Address:** P.O. BOX 2004 130 N. CALHOUN ST. EATONVILLE, FL 32751 EATONVILLE, FL 32751 FEI Number: 75-3230596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BANKS, CHARLIE REV. 409 BASEWOOD LANE ALTAMONTE SPRINGS, FL 32701 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRONSON, CALVIN DEA. Name: Name: 201 MONROE AVE. Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition SYLVESTER, RUBIN DEA. Name: Name: Address: 601 FITZGERALD DR. Address: City-St-Zip: EATONVILLE, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, JOHNNY Name: Name: 2623 COVENTRY LANE Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: (X) Change () Addition ZACHARY, JIDE DEA. Name: Name: JONES, LAWRENCE 845 WEST SWOOFE Address: Address: 6 EATON ST. City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: () Change () Addition REEVES, STEVE DEA. Name: Name: 4744 MARDELLO BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition BILLY, WILLIAM DEA. Name: Name: Address: 42 ELIZABETH AVE. Address: EATONVILLE, FL 32751 City-St-Zip: 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: STEVE REEVES DEAC 01/22/2009