

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01643

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** OPEN DOORS WITH BROTHER ANDREW, INC.

**Current Principal Place of Business:**

2953 S PULLMAN ST  
SANTA ANA, CA 92705 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27001  
SANTA ANA, CA 92799 US

**New Mailing Address:**

**FEI Number:** 23-7275342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PCEO  
Name: MOELLER, CARL  
Address: 2953 S PULLMAN ST  
City-St-Zip: SANTA ANA, CA 92705

Title: TCFO  
Name: SCHOEN, JUNINE  
Address: 2953 S PULLMAN ST  
City-St-Zip: SANTA ANA, CA 92705

Title: D  
Name: DINGMAN, BRUCE  
Address: PO BOX 27001  
City-St-Zip: SANTA ANA, CA 92799

Title: D  
Name: RIDGWAY, STEVE  
Address: PO BOX 158  
City-St-Zip: PUYALLUP, WA 98371

Title: CD  
Name: BAILEY, MARGARET  
Address: PO BOX 892620  
City-St-Zip: TEMECULA, CA 92589

Title: SD  
Name: SCHWIEN, FRED  
Address: PO BOX 27001  
City-St-Zip: SANTA ANA, CA 92799

I hereby 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 all other like empowered.

**SIGNATURE:** JUNINE SCHOEN

TCFO

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date