

**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # PO7000128655

1. Entity Name

OPEN DOOR PRESTIGIOUS REAL ESTATE, INC.



FILED

11 MAY 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

750 JARMILA LN

3. Mailing Address

750 JARMILA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

City & State

FT MYERS FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

33905

Country

LEE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Rev Dr Glenda M. Jeters

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

750 JARMILA LANE

City

FT MYERS

FL

Zip Code

33905

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev Dr Glenda M. Jeters Pres

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:

Jeters570@earthlink.net

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	<u>PRES. Rev. Dr.</u>
NAME	<u>Glenda M. Jeters</u>
STREET ADDRESS	<u>750 JARMILA LANE</u>
CITY-ST-ZIP	<u>FT MYERS, FL 33905</u>
TITLE	<u>VP</u>
NAME	<u>Alvin L. Puller, III</u>
STREET ADDRESS	<u>PO Box 1254</u>
CITY-ST-ZIP	<u>FT MYERS, FL 33902</u>
TITLE	<u>Sec.</u>
NAME	<u>Stacy N. Puller, RN</u>
STREET ADDRESS	<u>PO Box 1254</u>
CITY-ST-ZIP	<u>FT MYERS, FL 33902</u>
TITLE	<u>Christopher Robinson</u>
NAME	<u>PO Box 1254</u>
STREET ADDRESS	<u>FT MYERS, FL 33902</u>
CITY-ST-ZIP	<u>FT MYERS, FL 33902</u>
TITLE	<u>Rev. Frank Hinds, Pastor</u>
NAME	<u>807 Dellana Lane</u>
STREET ADDRESS	<u>FT MYERS, FL 33905</u>
CITY-ST-ZIP	<u>FT MYERS, FL 33905</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Glenda M. Jeters

DATE

Daytime Phone #

5/13