

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737769

**Entity Name:** OPEN DOOR MINISTRIES OF GAINESVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

601 NE 19TH ST  
GAINESVILLE, FL 32641

**Current Mailing Address:**

P0 BOX 5146  
GAINESVILLE, FL 32627 US

**FEI Number:** 59-1724616

**Certificate of Status Desired:** No

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

JONES, MARGARET  
915 S E 19TH STREET  
GAINESVILLE, FL 32641 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

**Officer/Director Detail :**

Title PD  
Name JONES , TIMOTHY L SR.  
Address 7289 SW 35TH ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title TREASURER  
Name MEANS, LINDA  
Address P0 BOX 5146  
City-State-Zip: GAINESVILLE FL 32627

Title VD  
Name JONES, SAMUEL JR.  
Address 915 S E 19TH STREET  
City-State-Zip: GAINESVILLE FL 32641

Title SD  
Name GRIFFIN, TAMICKA  
Address 3233 NW 12 TERRACE  
City-State-Zip: GAINESVILLE FL 32609

*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:** LINDA MEANS

**TREASURER**

**05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date