

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007671

Entity Name: OPEN DOOR RE-ENTRY AND RECOVERY MINISTRY, INC.**Current Principal Place of Business:**22 FERNHAM LANE
PALM COAST, FL 32137**Current Mailing Address:**P O BOX 353594
PALM COAST, FL 32135 US**FEI Number: 46-3850416****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAYER, DENNIS K ESQ
109 SOUTH 6TH STREET
FLAGLER BEACH, FL 32136 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	D
Name	SILANO, CHARLES
Address	22 FERNHAM LANE
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	KNIGHT, JERRY
Address	123 PINE GROVE DRIVE
City-State-Zip:	PALM COAST FL 32164

Title	ADMINISTRATOR
Name	HAYES, KAY
Address	P O BOX 353594
City-State-Zip:	PALM COAST FL 32135

Title	DIRECTOR
Name	PHILLIPI, RICHARD DR.
Address	30 SEATON VALLEY PATH
City-State-Zip:	PALM COAST FL 32164

Title	IRECTOR
Name	MULLINS, JOSEPH
Address	311 N. PINE STREET
City-State-Zip:	BUNNELL FL 32110

Title	DIRECTOR
Name	MCNALLY, MATTHEW
Address	P O BOX 353594
City-State-Zip:	PALM COAST FL 32135

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: CHARLES SILANO**C E O****02/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date