

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90057 045 ****61.25

DOCUMENT # N95000001530

1. Entity Name

THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORA

Principal Place of Business

Mailing Address

~~0724~~ HERON LANE
 TALLAHASSEE FL 32310

P.O. BOX 20708
 TALLAHASSEE FL 32316-0708

2. Principal Place of Business

Route 3 Box 370

3. Mailing Address

Route 3 Box 370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bristol, FL

Bristol, FL

City & State

City & State

4. FEI Number

59-3309844

Applied For

Not Applicable

Zip 32321

Country USA

Zip 32321

Country LIBERTY

5. Certificate of Status Desired

~~\$8.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISHOP, EDNA M
 RURAL ROUTE 3 BOX 370
 BRISTOL FL 32321

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-6-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BISHOP, EDNA M	
STREET ADDRESS	ROUTE 3 BOX 370	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, FRANK	
STREET ADDRESS	ROUTE 3 BOX 370	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAUGHTREY, ROSETTA	
STREET ADDRESS	P.O. BOX 607 N/A	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, LAWRENCE	
STREET ADDRESS	3188-B DIANA LANE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ADKINS, DEBRA	
STREET ADDRESS	P.O. BOX 244 N/A	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-00

850-643-5619

Date

Daytime Phone #

CR2E037 (9/99)