

# 2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90068 040 \*\*\*\*61.25

**DOCUMENT # N95000001530**

1. Entity Name

**THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORA**

Principal Place of Business

Mailing Address

RTE 3 BOX 370  
 BRISTOL FL 32321  
 US

RTE 3 BOX 370  
 BRISTOL FL 32321  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3309844**

Applied For

Not Applicable

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 \_\_\_\_\_

**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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BISHOP, EDNA M	ROUTE 3 BOX 370	BRISTOL FL 32321	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BISHOP, FRANK	ROUTE 3 BOX 370	BRISTOL FL 32321	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	DAUGHTREY, ROSETTA	P.O. BOX 607 N/A	BRISTOL FL 32321	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	<del>HARRIS, LAWRENCE</del>	<del>3188 B DIANA LANE</del>	<del>MARIANNA FL 32446</del>	<input checked="" type="checkbox"/> Delete		Olivia Bishop	P.O. Box 20708	Tallahassee, FL 32314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CD	ADKINS, DEBRA	P.O. BOX 244 N/A	ALTHA FL 32421	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)