

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001530

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORATED

Current Principal Place of Business:

9427 HERON STREET
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

9724 HERON STREET
TALLAHASSEE, FL 32305 US

New Mailing Address:

9427 HERON STREET
TALLAHASSEE, FL 32305 US

FEI Number: 59-3309844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, EDNA M
9724 HERON STREET
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BISHOP, EDNA M
Address: 9724 HERON STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: BISHOP, OLIVIA
Address: P. O. BOX 2300
City-St-Zip: APPLE VALLEY, CA 92307

Title: S () Delete
Name: BAGSHAW, AUDREY C
Address: 16356 NORTHWOOD DRIVE
City-St-Zip: VICTORVILLE, CA 92395

Title: T () Delete
Name: BISHOP, ERIC
Address: 3011 GERANIUM DRIVE
City-St-Zip: CORONA, CA 92898

Title: CD () Delete
Name: HEIERMANN, EBONY S
Address: 9400 DODGE ROAD
City-St-Zip: LUCERNE VALLEY, CA 92356

Title: CO/D () Delete
Name: BISHOP, ANDRE' P
Address: 12964 REINDEER COURT
City-St-Zip: RIVERSIDE, CA 92505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDNA M. BISHOP

Electronic Signature of Signing Officer or Director

DIR.

04/25/2008

Date