

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001530

FILED  
May 02, 2010  
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:**

9724 HERON STREET  
TALLAHASSEE, FL 32305 US

**Current Mailing Address:**

9427 HERON STREET  
TALLAHASSEE, FL 32305 US

**New Mailing Address:**

9724 HERON STREET  
TALLAHASSEE, FL 32305 US

**FEI Number:** 59-3309844      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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  
Name: BISHOP, EDNA M  
Address: 9724 HERON STREET  
City-St-Zip: TALLAHASSEE, FL 32305

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

Title: S  
Name: BAGSHAW, AUDREY C  
Address: 2050 ADAMS  
City-St-Zip: EVANSVILLE, IN 47714

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

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

Title: CO/D  
Name: BISHOP, ANDRE' P  
Address: P. O. BOX  
City-St-Zip: RIVERSIDE, CA 70207

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: EDNA M. BISHOP

PD

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date