

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90056 031 ****70.00

DOCUMENT # N98000005030

1. Entity Name

OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.



Principal Place of Business

**5812 S SEMORAN BLVD
ORLANDO FL 32822
US**

Mailing Address

**5812 S SEMORAN BLVD
ORLANDO FL 32822
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2411894**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, RONALD C
5348 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGLEY, PAUL JR.	
STREET ADDRESS	5812 S SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAILY, DANIEL	
STREET ADDRESS	12 SOMERSET DRIVE	
CITY-ST-ZIP	COATESVILLE PA 19320	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JANET	
STREET ADDRESS	622 OLD SCHOOLHOUSE ROAD	
CITY-ST-ZIP	LANDENBERG PA 19350	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALENTIN, MELISSA	
STREET ADDRESS	497 N MILL RD	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOHUE, DAVID	
STREET ADDRESS	177 HILLTOP ROAD	
CITY-ST-ZIP	AVONDALE PA 19311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAMPELLI, DEAN	
STREET ADDRESS	223 ELM ST	
CITY-ST-ZIP	READING PA 19606	

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	D	<input checked="" 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 all other like empowerment.

SIGNATURE: _____

SIGNATURE REQUIRED

PAUL LANGLEY, JR 1/9/03 407-381-3400

CR2E037 (10/02)