

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001530

**FILED**  
**Aug 09, 2013**  
**Secretary of State**  
**CC7519643503**

**Entity Name:** THE DAUGHTERS OF DORCAS MATERNITY HOME  
INCORPORATED

**Current Principal Place of Business:**

9724 HERON STREET  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

9724 HERON STREET  
TALLAHASSEE, FL 32305 US

**FEI Number: 59-3309844**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name BISHOP, EDNA M  
Address 9724 HERON STREET  
City-State-Zip: TALLAHASSEE FL 32305

Title D  
Name HEIREMANN, EBONY  
Address P. O. BOX 156  
City-State-Zip: APPLE VALLEY CA 92307

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

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

Title CD  
Name BISHOP, E.DEE  
Address 9400 DODGE ROAD  
City-State-Zip: LUCERNE VALLEY CA 92356

Title CO/D  
Name BISHOP, ANDRE' P  
Address P. O. BOX 80725  
City-State-Zip: RIVERSIDE CA 90207

*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**

**PRESIDENT**

**08/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date