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

DOCUMENT # F0000004768

1. Entity Name

OPEN DOOR CHILDREN & YOUTH SERVICES, INC.



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

01-24-2003 90112 038 ****70.00

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Principal Plac	ce of Business	Mailing A	ddress								
5812 S. SEMO		5812 S. SEMORAN BLVD ORLANDO FL 32822									
ORLANDO FL	32822	OHLANUU	FL 32822				*4				
										<u> </u>	
2. Principal I	Place of Business	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State				4. FEI Number 23-2209088 Applied For					1
						20 2203000			Not Applicable		
Zip	Country	Zip	Zip Cou			5. Certificate of St	5. Certificate of Status Desired \$8.75 Addition Fee Required				
	6Name and Address of Current F	l Registered A	.gent			7. Name and Add	ress of New Registere				†-
			-		Name		-				1
LANGLEY, PAUL			Street Address			s (P.O. Box Number is Not Acceptable)					
5812 S. SEMORAN BLVD.											$\left\{ \right.$
ORLAND	O FL 32822										
,	ţ				City		F		Zip Code	}	1
	e named entity submits this statement for	the purpose	of changing its	registere	L ed office or regis	tered agent, or both, in	the State of Florida. I ar	n famili	ar with,	and accept	1
the obliga	tions of registered agent.			_	_	_					
•											}
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annlicah	ole (NOTE	· Registere	d Agent signature requi	ired when reinstating)	DATE				ĺ
		1									4
			9. Election Cam	naign F	inancing	¢5 00 u	Make Che	ck Da	vahle :	to	
	FILE NOW: FEE IS \$61.25		Selection Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida Depa				
											ļ
10.	OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND D				1
TITLE	P Langley, Paul		☐ Delete	TITLE			•		Change	Addition Addition	6
NAME STREET ADDRESS	2619 BRIGG COURT			NAM STRE	ET ADDRESS						12,
CITY-ST-ZIP	KISSIMMEE FL 34743				-ST-ZIP	•					5
TITLE	D		☐ Delete TITLE		:		,		Change	Addition	ן בַּ
NAME	VALENTIN, MEUSSA			NAM	E						1
STREET ADDRESS	497 NORTH MILL ROAD				ET ADDRESS						
CITY-ST-ZIP	KENNETT SQUARE PA 19348			City	-ST-ZIP						+
TITLE	VPVC		☐ Delete	TITLE					Change	Addition	l
NAME STREET ANDRESS	DAILY, DANIEL 12 SOMERSET DRIVE			NAM STRE	ET ADDRESS						
CITY-ST-ZIP	COATESVILLE PA 19320				-ST-ZIP						
TITLE	SD		☐ Delete	TITLE					Change	☐ Addition	1
NAME	PHILLIPS, JANET		Delete	NAM	1			_			
STREET ADDRESS	622 OLD SCHOOLHOUSE ROAD			STRE	ET ADDRESS						
CITY-ST-ZIP	LANDENBERG PA 19350			CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	TD		☐ Delete	TITLE					Change	☐ Addition	
NAME	ZAMPELLI, DEAN			NAM		•					ĺ
STREET ADDRESS CITY-ST-ZIP	26 LOST TREE DRIVE				ET ADDRESS - ST-ZIP						
	READING PA 19607			1-					Ob		1
TITLE NAME	D Donohue, David		☐ Delete	TITLE				Ш	Change	☐ Addition	
STREET ADDRESS	177 HILL TOP ROAD				ET ADDRESS						
CITY-ST-ZIP	AVONDALE PA 19311				ST-ZIP						{
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2. 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: I SIEMATURE PATOLUATEDET, IN

19/03

407-381-3400