

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthal Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 53 JAN -4 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F96000003648 (0) 1. Corporation Name OPEN DOOR ADOPTION AGENCY, INC.				REINSTATEMENT 98 3. Date Inc. Reported or Qualified 07/19/1996 4. FEI Number 58-1703392 Applied For Not Applicable	
Principal Place of Business 403-B NORTH BROAD ST THOMASVILLE GA 31792		Mailing Address 403-B NORTH BROAD ST THOMASVILLE GA 31792			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FLEMING, ELEANOR COMMUNITY SERVICES BLDG 303 N. MADISON ST QUINCY FL 32351				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE <u>Eleanor Fleming</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>12/30/98</u>					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C NAME WATT, GEORGE STREET ADDRESS RT 4, BOX 525-L CITY-ST-ZIP THOMASVILLE GA 31792 <input checked="" type="checkbox"/> DELETE				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VC NAME PERRY, TOM STREET ADDRESS 130 PARKWAY DR CITY-ST-ZIP THOMASVILLE GA 31792 <input type="checkbox"/> DELETE				T Rodney Hunter 200 Yorkshire Crescent Thomasville, Ga 31792 Chairman - C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MALONE, MARY H STREET ADDRESS 143 TUXEDO DR CITY-ST-ZIP THOMASVILLE GA 31792 <input type="checkbox"/> DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 000002735510--6 -01/08/99-01114-010 ***236.25 ***236.25	
TITLE D NAME BALFOUR, ROBERT III STREET ADDRESS 112 PLANTATION DR CITY-ST-ZIP THOMASVILLE GA 31792 <input checked="" type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Sally Sullivan 510 Springlake Road Thomasville, GA 31792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME GILBERT, WALTER E STREET ADDRESS 919 GORDON AVE CITY-ST-ZIP THOMASVILLE GA 31792 <input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE V NAME MCNEESE, GENE STREET ADDRESS 122 COUNTRY LAKE LANE CITY-ST-ZIP THOMASVILLE GA 31792 <input checked="" type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Scott Sterling 309 Tuxedo Drive Thomasville, GA 31792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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