

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003648

FILED
Jun 02, 2005
Secretary of State

Entity Name: OPEN DOOR ADOPTION AGENCY, INC.

Current Principal Place of Business:

218 E. JACKSON
THOMASVILLE, GA 31792

New Principal Place of Business:

Current Mailing Address:

PO BOX 4
THOMASVILLE, GA 31799

New Mailing Address:

FEI Number: 58-1703392 **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:

Name and Address of New Registered Agent:

GILBERT, WALTER E
6624 TOMY LEE TRAIL
TALLAHASSEE, FL 32309 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MORGAN, CARRIE
Address: 101 E GATE DR
City-St-Zip: THOMASVILLE, GA 31792

Title: CC () Delete
Name: BLACKBURN, CONNIE
Address: 407 OLIVE CREEK FARMS DR
City-St-Zip: THOMASVILLE, GA 31792

Title: VC () Delete
Name: SULLIVAN, SALLY
Address: 510 SPRINGLAKE ROAD
City-St-Zip: THOMASVILLE, GA 31792

Title: P () Delete
Name: GILBERT, WALTER E
Address: 6624 TOMY LEE TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: WEBB, DARLENE
Address: 306 SPRING LAKE RD.
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WALTER E. GILBERT

P

06/02/2005

Electronic Signature of Signing Officer or Director

Date