

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001530**

1. Entity Name

THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORATED

Principal Place of Business

RTE 3 BOX 370
BRISTOL FL 32321
US

Mailing Address

RTE 3 BOX 370
BRISTOL FL 32321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3309844

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISHOP, EDNA M
RURAL ROUTE 3 BOX 370
BRISTOL FL 32321

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS BISHOP, EDNA M
CITY-ST-ZIP ROUTE 3 BOX 370
BRISTOL FL 32321 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME D
STREET ADDRESS BISHOP, FRANK
CITY-ST-ZIP ROUTE 3 BOX 370
BRISTOL FL 32321 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME S
STREET ADDRESS DAUGHTREY, ROSETTA
CITY-ST-ZIP P.O. BOX 607 N/A
BRISTOL FL 32321 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME T
STREET ADDRESS BISHOP, OLIVIA
CITY-ST-ZIP P O BOX 20708
TALLAHASSEE FL 32316 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME CD
STREET ADDRESS ADKINS, DEBRA
CITY-ST-ZIP P.O. BOX 244 N/A
ALTA FL 32421 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)