

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001530

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORATED

**Current Principal Place of Business:**

9427 HERON STREET  
TALLAHASSEE, FL 32305 US

**New Principal Place of Business:**

**Current Mailing Address:**

9724 HERON STREET  
TALLAHASSEE, FL 32305 US

**New Mailing Address:**

FEI Number: 59-3309844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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: PD ( ) Delete  
Name: BISHOP, EDNA M  
Address: 9724 HERON STREET  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete  
Name: BISHOP, OLIVIA  
Address: P. O. BOX 2300  
City-St-Zip: APPLE VALLEY, CA 92307

Title: S ( ) Delete  
Name: BAGSHAW, AUDREY C  
Address: 16356 NORTHWOOD DRIVE  
City-St-Zip: VICTORVILLE, CA 92395

Title: T ( ) Delete  
Name: BISHOP, ERIC  
Address: 3011 GERANIUM DRIVE  
City-St-Zip: CORONA, CA 92898

Title: CD ( ) Delete  
Name: HEIERMANN, EBONY S  
Address: 9400 DODGE ROAD  
City-St-Zip: LUCERNE VALLEY, CA 92356

Title: CO/D ( ) Delete  
Name: BISHOP, ANDRE' P  
Address: 12964 REINDEER COURT  
City-St-Zip: RIVERSIDE, CA 92505

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDNA M. BISHOP

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date