

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

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

01-24-2003 90056 031 ****70.00

DOCUMENT # N98000005030

1. Entity Name

OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.



Principal Place of Business

**5812 S SEMORAN BLVD
ORLANDO FL 32822
US**

Mailing Address

**5812 S SEMORAN BLVD
ORLANDO FL 32822
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 **58-2411894**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WHITE, RONALD C
5348 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **LANGLEY, PAUL JR.**
STREET ADDRESS **5812 S SEMORAN BLVD**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **DAILY, DANIEL**
STREET ADDRESS **12 SOMERSET DRIVE**
CITY-ST-ZIP **COATESVILLE PA 19320**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **PHILLIPS, JANET**
STREET ADDRESS **622 OLD SCHOOLHOUSE ROAD**
CITY-ST-ZIP **LANDENBERG PA 19350**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **VALENTIN, MELISSA**
STREET ADDRESS **497 N MILL RD**
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **DONOHUE, DAVID**
STREET ADDRESS **177 HILLTOP ROAD**
CITY-ST-ZIP **AVONDALE PA 19311**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **ZAMPELLI, DEAN**
STREET ADDRESS **223 ELM ST**
CITY-ST-ZIP **READING PA 19606**

TITLE Change Addition
NAME
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

PAUL LANGLEY, JR 1/9/03 407-381-3400

CR2E037 (10/02)