


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90045 030 \*\*\*\*61.25

**DOCUMENT # N99000001289**

1. Entity Name  
**OPEN DOOR WOMEN'S CLINIC, INCORPORATED**



Principal Place of Business  
**410 E. SIXTH AVE.  
 TALLAHASSEE, FL 32303**

Mailing Address  
**410 E. SIXTH AVE.  
 TALLAHASSEE, FL 32303**

**40011795**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01122007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**ZAHNER, CARL  
 325 JOHN KNOX ROAD  
 TALLAHASSEE, FL 32303**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MANGAN, LYNN	
STREET ADDRESS	3807 SAMPSON CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, CHARLES	
STREET ADDRESS	537 FRANK SHAW RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERNARD, JAMES E	
STREET ADDRESS	702 N. MERIDIAN ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGLYNN, ANN	
STREET ADDRESS	2906 ABBOTSFORD WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIXON, JEAN	
STREET ADDRESS	621 VONCILE AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KEVIN REV	
STREET ADDRESS	3640 FRED GEORGE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *James E Bernard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6 FEB 2007 412-0016*  
Date Daytime Phone #

ATTACHMENT

40011795

DOCUMENT #N99000001289

Open Door Women's Clinic, Inc.  
410 East Sixth Avenue  
Tallahassee, FL 32303

Officers and Directors (Continued)

Title: D  
Name: Kiera Sheedy Camron  
Street Address: 3173 Brockton Way  
City - St - Zip: Tallahassee, FL 32308

Title: D  
Name: Pat Raymaker  
Street Address: 2603 Napoleon Bonaparte Drive  
City - St - Zip: Tallahassee, FL 32308

Title: D  
Name: Patti Neal  
Street Address: 1215 Clark Avenue  
City - St - Zip: Tallahassee, FL 32301

Title: D  
Name: Mike White  
Street Address: 1900 Botany Drive  
City - St - Zip: Tallahassee, FL 32303