


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N99000001289</b> 1. Entity Name <b>OPEN DOOR WOMEN'S CLINIC, INCORPORATED</b>					
Principal Place of Business <b>410 E. SIXTH AVE. TALLAHASSEE, FL 32303</b>			Mailing Address <b>410 E. SIXTH AVE. TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3577270</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ZAHNER, CARL 325 JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANGAN, LYNN 3807 SAMPSON CT TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHARLES 537 FRANK SHAW RD TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD, JAMES E 702 N. MERIDIAN ST TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLYNN, ANN 2906 ABBOTSFORD WAY TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, JEAN 621 VONCILE AVE TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KEVIN REV 3640 FRED GEORGE ROAD TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	
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.				Date	
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #	

40011795



01122007 Chg-NP CR2E037 (12/06)

6 FEB 2007 412-0016

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