


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90016 006 ****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																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-3577270																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MANGAN, LYNN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3807 SAMPSON CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHITE, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>537 FRANK SHAW RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERNARD, JAMES E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>702 N. MERIDIAN ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGLYNN, ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2906 ABBOTSFORD WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NIXON, JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>621 VONCILE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, KEVIN REV</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3840 FRED GEORGE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						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	3840 FRED GEORGE ROAD		CITY-ST-ZIP	TALLAHASSEE, FL 32303		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		
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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: _____ <i>30 JAN 2008</i> <i>232-7077</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

DOCUMENT #N99000001289
Open Door Women's Clinic, Inc.
410 East Sixth Avenue
Tallahassee, FL 32303

ATTACHMENT 40014514
N99000001289

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