

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001289

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** OPEN DOOR WOMEN'S CLINIC, INCORPORATED

**Current Principal Place of Business:**

410 E. SIXTH AVE.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

410 E. SIXTH AVE.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3577270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WHITE, CHARLES  
1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

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: CHARLES A WHIT

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MANGAN, LYNN  
Address: 3807 SAMPSON CT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: WHITE, CHARLES  
Address: 537 FRANK SHAW RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete  
Name: BERNARD, JAMES E  
Address: 702 N. MERIDIAN ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: MCGLYNN, ANN  
Address: 2906 ABBOTSFORD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: NIXON, JEAN  
Address: 621 VONCILE AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: JOHNSON, KEVIN REV  
Address: 3640 FRED GEORGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: LAURIENZO, EDWARD  
Address: 6640 TOMY LEE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

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: EDWARD LAURIENZO

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date