

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90277 010 ****61.25

DOCUMENT # N99000001289

1. Entity Name

OPEN DOOR WOMEN'S CLINIC, INCORPORATED



Principal Place of Business

**227 EAST SIXTH AVENUE
TALLAHASSEE FL 32303**

Mailing Address

**227 EAST SIXTH AVENUE
TALLAHASSEE FL 32303**

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 **59-3577270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, WILLIAM J
300 EAST BREVARD STREET
TALLAHASSEE FL 32301**

Name **Carl Zahner**

Street Address (P.O. Box Number is Not Acceptable)

325 John Knox Road

City **Tallahassee**

FL

Zip Code **32303**

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

4/10/03

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	T	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JIM	
STREET ADDRESS	227 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANGAN, LYNN	
STREET ADDRESS	227 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, CHARLES	
STREET ADDRESS	227 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARD, JAMES E	
STREET ADDRESS	227 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCGLYNN, ANN	
STREET ADDRESS	227 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIXON, JEAN	
STREET ADDRESS	227 EAST SIXTH AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kiera Camron	
STREET ADDRESS	3173 Brockton Way	
CITY-ST-ZIP	Tallahassee, FL 32317	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard, James E	
STREET ADDRESS	227 E. SIXTH AVENUE	
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		

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

4/14/03

412-0016

CR2E037 (10/02)