

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001289

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

**Current Principal Place of Business:**

2410 MAHAN DRIVE  
UNIT 1  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 14269  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-3577270

**Certificate of Status Desired:** No

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

COLLAZO, MIGUEL  
119 S. MONROE STREET, STE. 300  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MANGAN, LYNN  
Address PO BOX 14269  
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY  
Name MOLESKI, CHRISTINE  
Address PO BOX 14269  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name LLOYD, JACQUELINE  
Address PO BOX 14269  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name PEARSON, MICHAEL  
Address PO BOX 14269  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name COLLAZO, MIGUEL  
Address PO BOX 14269  
City-State-Zip: TALLAHASSEE FL 32317

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYNN MANGAN

**PRESIDENT, BOARD OF  
DIRECTORS**

**04/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date