

2021 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	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**BOARD PRESIDENT****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date