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

Mailing Address

P.O. BOX 440819

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

JACKSONVILLE FL 32222-0014

DOCUMENT # N02947

1. Entity Name

6900 WHEAT ROAD

JACKSONVILLE FL 32244

Suite, Apt. #, etc.

GIBSON, ROGER B

ORANGE PARK FL 32073

51 RIVER ROAD

City & State

Zip

WOMEN IN NEED, INC.

Principal Place of Business

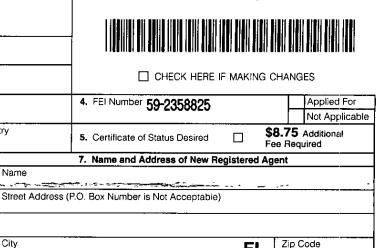
2. Principal Place of Business



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90166 002 ****61.25

11009379



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.

City

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, CAROL F 51 RIVER ROAD ORANGE PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5D Gibson, Card 51 River Roa Orange Park,	F,	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYLE, SELENA 775 ARRANS COURT ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Westergard, De 6649 Ivory Cra Jacksonville,	aymond S est Way Fl.	☐ Change	☑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASRALLAH, TONY 5020 ORTEGA FOREST BLVD JACKSONVILLE FL 32210	Delete	NAME STREET ADDRESS CITY-ST-ZIP	o Portigorial de la composição de la com	. ಸುಭಾರತಿಗಳ	<u>Change</u>	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, STEPHEN B 1935 LAKESHORE DR. NO. ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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.

arol Lynne Gibson 4-21-03 904.317-0333