

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002562

1. Corporation Name

FIRST COAST WOMEN'S SERVICES, INC.

Principal Place of Business

3938 SUNBEAM RD.
SUITE 3
JACKSONVILLE FL 32257
US

Mailing Address

3938 SUNBEAM ROAD
STE. 3
JACKSONVILLE FL 32257
US

FILED
Feb 22, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number

59-3200240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, D. GARY
3938 SUNBEAM ROAD
STE. 3
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SOD, GINGER**
STREET ADDRESS **3738 RIVERHALL DR**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VCD** ☐ DELETE
NAME **DAVIS, JUDY**
STREET ADDRESS **8210 BAHIA BLANCA CT**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **ED** ☐ DELETE
NAME **BUSH, TERRY**
STREET ADDRESS **129 N. SAN PABLO RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **STEPHENSON, CLEVE**
STREET ADDRESS **942 FRUIT COVE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **STAKE, KANDI**
STREET ADDRESS **10240 SCOTT MILL ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **Brad Bellingrath**
1.3 STREET ADDRESS **4532 Carolyn Cove**
1.4 CITY-ST-ZIP **Jacksonville, FL 32258**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **Marshall Davis**
2.3 STREET ADDRESS **4130 Mc Girts Blvd**
2.4 CITY-ST-ZIP **Jacksonville, FL 32210**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **C** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99

904-263-6300

CR2E037 (11/98)