

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90433 027 ****70.00

40060748



DOCUMENT # N93000002562 1. Entity Name FIRST COAST WOMEN'S SERVICES, INC.					
Principal Place of Business 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223 US			Mailing Address 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAM D. GARY 11215 SAN JOSE BLVD. JACKSONVILLE, FL 32223				Name Tom Stewart Street Address (P.O. Box Number is Not Acceptable) 7854 Marsala Court City Jacksonville FL Zip Code 32244	
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 <u><i>Tom B. Stewart III</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUBBARD, MARY		NAME		
STREET ADDRESS	14270 HAWKSMORE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CZUBIAK, DONALD		NAME	VCD Adams, Aden C.	
STREET ADDRESS	272 ODOMS MILL BLVD		STREET ADDRESS	8138 Jose Circle W.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNSEND, RITA		NAME		
STREET ADDRESS	4590 ORTEGA ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARAH, KAREN		NAME	Farah, Karen	
STREET ADDRESS	9188 CAMSHIRE DRIVE		STREET ADDRESS	9188 Camshire Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, THOMAS		NAME	Stewart, Tom	
STREET ADDRESS	7354 MARSALA CT		STREET ADDRESS	7354 Marsala Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD Bennett, Becky	
STREET ADDRESS			STREET ADDRESS	3388 S. mandarin Glen Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32223	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Tom B. Stewart III</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u><i>4/20/06</i></u> Daytime Phone # <u><i>(904) 398 5665</i></u>		

Tom B. Stewart III