

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23193

**Entity Name:** A WOMAN'S CHOICE, INC., A MEDICAL PROGRAM FOR WOMEN

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**5173278408CC**

**Current Principal Place of Business:**

1234 E LIME ST  
LAKELAND, FL 33801

**Current Mailing Address:**

1234 E LIME ST  
LAKELAND, FL 33801 US

**FEI Number: 59-2853796**

**Certificate of Status Desired: No**

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

KLEIN, REBECCA  
1234 E LIME STREET  
LAKELAND, FL 33801 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           PRESIDENT  
Name           SPAFFORD, ADAM  
Address        117 E MAXWELL ST  
City-State-Zip: LAKELAND FL 33803

Title           DIRECTOR  
Name           KLEIN, REBECCA  
Address        716 LAKE ELOISE PLACE  
City-State-Zip: WINTER HAVEN FL 33884

Title           SECRETARY  
Name           MOSS, CANDACE  
Address        4019 JENNY DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           BOARD MEMBER  
Name           FEAR, CHRIS  
Address        1211 ROLLING WOODS LANE  
City-State-Zip: LAKELAND FL 33813

Title           BOARD MEMBER  
Name           FREED, CLARKE  
Address        5017 FAIRFAX E  
City-State-Zip: LAKELAND FL 33813

Title           VP  
Name           CHEEK, COADY  
Address        1002 SUCCESS AVE  
City-State-Zip: LAKELAND FL 33803

Title           BOARD MEMBER  
Name           MARZOLA, STEPHANIE  
Address        5563 MAGGIORE BLVD  
City-State-Zip: LAKELAND FL 33805

Title           BOARD MEMBER  
Name           FRIEDT, JON  
Address        7805 FOX SQUIRREL CIR  
City-State-Zip: LAKELAND FL 33809

**Continues on page 2**

*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: REBECCA KLEIN**

**EXECUTIVE DIRECTOR**

**02/01/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name            BENIGAS, LACEY  
Address         362 AUDUBON OAKS DR. APT 101  
City-State-Zip: LAKELAND FL 33809