

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002562

**Entity Name:** FIRST COAST WOMEN'S SERVICES, INC.**Current Principal Place of Business:**11215 SAN JOSE BLVD  
JACKSONVILLE, FL 32223**Current Mailing Address:**11215 SAN JOSE BLVD  
JACKSONVILLE, FL 32223 US**FEI Number: 59-3200240****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEBER, JUDY S  
124 33RD AVE S  
JACKSONVILLE BEACH, FL 32250 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	CEO
Name	WEBER, JUDY S
Address	124 33RD AVE S
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	CHAIRMAN
Name	VAN VOORHIS, JULIE
Address	13 MARIA PLACE
City-State-Zip:	PONTE VEDRA FL 32082

Title	TREASURER
Name	COX, JEFFREY
Address	PO BOX 1946
City-State-Zip:	MACCLENNY FL 32063

Title	VC
Name	TOWNSEND, KEITH
Address	4590 ORTEGA ISLAND DR
City-State-Zip:	JACKSONVILLE FL 32210

*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: JUDY WEBER****CEO****01/16/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date