

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731047 (7)

1. Corporation Name

EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, IN
C.

Principal Place of Business

Mailing Address

1842 KING STREET, ROOM 109
JACKSONVILLE FL 32204

1842 KING STREET, ROOM 109
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1974

3a. Date of Last Report

04/13/1994

4. FEI Number

59-1728087

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIGITTE G. WOODWARD
1810 SEVILLA BLVD 211
JACKSONVILLE FL 32233

81 Name

Morgann, Daniel M.D.

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

1801 Barrs Street, #920

83

84 City

Jacksonville

FL

85 Zip Code
32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

Brigitte G. Woodward

4-1-95

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

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T/D
PATSY SVENDSEN
P.O. BOX 14877 N/A
JACKSONVILLE FL 32238

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/BD
WOODWARD, BRIGITTE G.
1810 SEVILLA BLVD. #211
ATLANTIC BEACH FL 32233

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
P/BD
Morgann, Daniel M.D.
1801 Barrs Street, #920
Jacksonville, Florida 32204
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D
ALBERTA HIPPS
P.O. BOX 2982 N/A
JACKSONVILLE FL 32204

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brigitte G. Woodward*

Signature and typed or printed name of signing officer or director

4-1-95 387-7510

Title

Telephone