## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 731047** 

FILED Feb 16, 2006 Secretary of State

Entity Name: EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1637 KING STREET JACKSONVILLE, FL 32204

**Current Mailing Address: New Mailing Address:** 

1637 KING STREET JACKSONVILLE, FL 32204

FEI Number: 59-1728087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RILLSTONE, JERE EMERGENCY PREGNANCY SERVICES 3628 SHAWNEE SHORES DR. 1637 KING STREET

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32204 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: TRACIE COX, EXECUTIVE DIRECTOR 02/16/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

RILLSTONE, JERE EDGE, AUBREY Name: Name: 1301 RIVERPLACE BLVD. SUITE 1904 Address: 4605 ARLON LANE Address:

City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: JACKSONVILLE, FL 32210 US

Title: Title:

(X) Change ( ) Addition ( ) Delete DAVIS, DANIEL Name: ROUSE, STEVE Name:

Address: 10230 MANORVILLE DRIVE Address: 2830 AFFIRMED COURT City-St-Zip: JACKSONVILLE, FL 32221 US City-St-Zip: JACKSONVILLE, FL 32043 US

Title: () Delete Title: DIR (X) Change ( ) Addition

MILLER, MARK MILLER, MARK Name: Name:

1200 RIVERPLACE BLVD SUITE 600 1200 RIVERPLACE BLVD SUITE 600 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: JACKSONVILLE, FL 32207 US

( ) Delete Title: Title: DIR (X) Change ( ) Addition Name: TRAD, BETTY Name: TRAD, BETTY

3627 LEEWOOD LANE 3627 LEEWOOD LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: () Delete Title: TRES (X) Change ( ) Addition CRONK, PATRICIA CRONK, PATRICIA Name: Name:

124 DIEGO ISLAND COURT 124 DIEGO ISLAND COURT Address: Address: ST. AUGUSTINE, FL 32095 US City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: () Delete Title: (X) Change ( ) Addition

REGISTER, LISA COX, TRACIE Name: Name:

Address: 7446 STONEHURST ROAD NORTH Address: 1707 COPELAND STREET #5 JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACIE COX ED 02/16/2006