

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 049 ****61.25

DOCUMENT # 732279



1. Entity Name
WOMEN'S CENTER OF JACKSONVILLE, INC.

Principal Place of Business
5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US

Mailing Address
5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US

94018022



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7437216

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, SHIRLEY
5644 COLCORD AVE.
JACKSONVILLE, FL 32211

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME WALLACE, SUSAN
STREET ADDRESS 1912 HICKORY LANE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE VD
NAME BUSHNELL, ELLEN
STREET ADDRESS 45-2 ST-JOHNS BLUFF RD S
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete

TITLE PD
NAME HANSFORD, SANDY
STREET ADDRESS 1563 ALFORD PLACE, SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☒ Delete

TITLE TD
NAME FRANCIS, BETTY
STREET ADDRESS 12834 MANDARIN RD.
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME Wallace, Susan
STREET ADDRESS 1912 Hickory Lane
CITY-ST-ZIP Atlantic Beach, FL 32233 ☒ Change ☐ Addition

TITLE PD
NAME Bushnell, Ellen
STREET ADDRESS 45-2 St. Johns Bluff Rds.
CITY-ST-ZIP Jacksonville, FL 32224 ☒ Change ☐ Addition

TITLE SD
NAME O'Connor, Bobbie
STREET ADDRESS 3654 Bridgewood Dr
CITY-ST-ZIP Jacksonville, FL 32277 ☐ Change ☒ Addition

TITLE TD
NAME Ballard, Alma
STREET ADDRESS 2108 Waterfoot Ln
CITY-ST-ZIP Jacksonville, FL 32246 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shirley Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 (904) 722-3000
Date Daytime Phone #