

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732279

FILED
Feb 21, 2008
Secretary of State

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

Current Principal Place of Business:

5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 23-7437216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, SHIRLEY
5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCKENZIE, KATHLEEN
Address: 5644 COLCORD AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: PD () Delete
Name: BRZOZOWSKI, PATRICIA
Address: 5644 COLCORD AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPD () Delete
Name: BALLARD, ALMA
Address: 2108 WATERFOOT LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: GOTTESMAN-JARZYNA, SUSAN
Address: 5644 COLCORD AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BALLARD, ALMA
Address: 5644 COLCORD AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPD (X) Change () Addition
Name: FOLEY, LINDA
Address: 5644 COLCORD AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD (X) Change () Addition
Name: STRANGE, LORIE
Address: 5644 COLCORD AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPD () Change (X) Addition
Name: HALL, FAITH
Address: 5644 COLCORD AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify 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: SHIRLEY K. WEBB

ED

02/21/2008

Electronic Signature of Signing Officer or Director

Date