2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-04-2003 90383 001 ***122.50

DOCUMENT # 732279

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

Principal Place of Business	Mailing Address
929 PENINSULAR PLACE JACKSONVILLE FL 32204 US	929 PENINSULAR PLACE JACKSONVILLE FL 32204 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5644 Colcord Ave.	5644 Colcord Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32211 Country: USA	Zip: 32211 Country: USA

4. FEI Number 23-7437216 ☐ Applied For ☐ Not Applicable

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 929 PENINSULAR PLACE STE. 310 JACKSONVILLE FL 32204	Name: Webb, Shirley Street Address (P.O. Box Number is Not Acceptable): 5644 Colcord Ave City: Jacksonville FL Zip Code: 32211

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALLACE, SUSAN 1912 HICKORY LANE ATLANTIC BEACH FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUSHELL, ELLEN 45-2 ST JOHNS BLUFF RD S JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Bushnell, Ellen 45-2 St. Johns Bluff Rd. S. Jacksonville, FL 32224 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HANSFORD, SANDY 1563 ALFORD PLACE, SUITE 1 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hansford, Sandy 1563 Alford Place, Suite 1 Jacksonville, FL 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARAZ, SAMIAN 9423 PONDER ROAD JACKSONVILLE FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Francis, Betty 12834 Mandarin Rd. Jacksonville, FL 32223 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Exec. Asst. Dir. 3/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #