


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90007 021 ***150.00

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|---|---|
| DOCUMENT # F03966 1. Entity Name NORTH FLORIDA WOMEN'S HEALTH AND COUNSELING SERVICES, INC. |  |
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| Principal Place of Business 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 US | Mailing Address 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-2065288 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MITCHELL, RENEE B
1345 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD NORTHCUTT, MARCIA 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD SPARKS, DEBRA 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MITCHELL, RENEE 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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 607, 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: RENEE MITCHELL 4/12/04 850 877 3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #