

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90019 050 ***158.75

DOCUMENT # F03966					
1. Entity Name NORTH FLORIDA WOMEN'S HEALTH AND COUNSELING SERVICES, INC.					
Principal Place of Business 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 US			Mailing Address 1345 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2065288	
5. Certificate of Status Desired <input checked="" 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			7. Name and Address of New Registered Agent Name: <u>DEBRA SPARKS</u> Street Address (P.O. Box Number is Not Acceptable): <u>1345 Cross Creek Circle</u> City: <u>Tallahassee</u> FL Zip Code: <u>32301</u>		
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: <u>[Signature]</u> DATE: <u>1/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SD NAME NORTHCUTT, MARCIA STREET ADDRESS 1345 CROSS CREEK CIRCLE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE PD NAME Northcutt, Marcia STREET ADDRESS 1345 Cross Creek Cir CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SPARKS, DEBRA STREET ADDRESS 1345 CROSS CREEK CIRCLE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MITCHELL, RENEE STREET ADDRESS 1345 CROSS CREEK CIRCLE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE CD NAME JOEL LAY STREET ADDRESS 1345 CROSS CREEK CIR CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE SD NAME ED NEU STREET ADDRESS 1345 CROSS CREEK CIR. CITY-ST-ZIP TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VPD NAME ELIZABETH JOHNSTON STREET ADDRESS 1345 CROSS CREEK CIR CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/15/08</u> Daytime Phone #: <u>850-877-3183</u>		

ATTACHMENT

NORTH FLORIDA

women's health & counseling services, inc.

40005248
F03966

1/15/08

Hello,

Here is our Annual Report
with the recent changes. We
are requesting a Certificate of Status
as well.

Thank you

Debra Sparks