

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91323 025 *****61.25

DOCUMENT # N00000002337.

1. Entity Name

ALMOST HOME WOMEN'S HEALTH CENTER, INC.

Principal Place of Business

618 W. NEW YORK AVE.
 DELAND FL 32720

Mailing Address

618 W. NEW YORK AVE.
 DELAND FL 32720

722376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637612

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

BECKER, MIRIAM Y
840 W. FOREST BROOK RD.
MAITLAND FL 32751

New Address
618 West New York Ave
Deland, FL 32720

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Mary Jo Murphy</i>	
STREET ADDRESS	<i>232 N. Amelia Ave</i>	
CITY-ST-ZIP	<i>Deland, FL 32724</i>	
TITLE	<i>Vice-President</i>	<input type="checkbox"/> Delete
NAME	<i>Vicky Caskey</i>	
STREET ADDRESS	<i>516 W. New York Ave</i>	
CITY-ST-ZIP	<i>Deland, FL 32720</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>Michael Huddleston</i>	
STREET ADDRESS	<i>431 E. New York Ave</i>	
CITY-ST-ZIP	<i>Deland, FL 32724</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Al Powers</i>	
STREET ADDRESS	<i>2804 Concord Rd</i>	
CITY-ST-ZIP	<i>Deland, FL 32720</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Bill Andrews</i>	
STREET ADDRESS	<i>346 E. Florence Ave</i>	
CITY-ST-ZIP	<i>Deland, FL 32724</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Pat Crosby</i>	
STREET ADDRESS	<i>1218 Sunset Cr.</i>	
CITY-ST-ZIP	<i>Daytona Beach, FL 32117</i>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William B. Baker, Executive Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(804) 246-9990

CR2E037 (10/00)