

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90104 043 *****70.00

DOCUMENT # N01000007023

1. Entity Name

GREATER NASSAU-WOMENS SERVICES INC.

Principal Place of Business

Mailing Address

**2855 PARK SQUARE PLACE
 FERNANDINA BEACH FL 32034**

**2855 PARK SQUARE PLACE
 FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**PETERS, ROBERT L
 311 CENTRE ST. SUITE 204
 FERNANDINA BEACH FL 32034**

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 **DP** ☐ Delete
 NAME **ADKINS, JENNIFER MARIE**
 STREET ADDRESS **2855 PARK SQUARE PLACE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DV** ☐ Change ☒ Addition
 NAME **Mary Ann Tobin**
 STREET ADDRESS **4262 Captain's Way**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **DT** ☒ Delete
 NAME **HIGGINBOTHAM, LYNNE G**
 STREET ADDRESS **PO BOX 15132 23188 FIRST AVENUE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DT** ☐ Change ☒ Addition
 NAME **Richard Chapman**
 STREET ADDRESS **497 Rainbow Acres Rd**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **DS** ☐ Delete
 NAME **WRENN, JUANE**
 STREET ADDRESS **2358 CAPTAIN KIDD DR.**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jennifer M. Adkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02 9045564661

CR2E037 (9/01)