

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000Q07023

1. Entity Name
GREATER NASSAU WOMEN'S SERVICES, INC.



Principal Place of Business
**2227 SADLER ROAD
FERNANDINA BEACH, FL 32034**

Mailing Address
**P.O. BOX 15454
FERNANDINA BEACH, FL 32035**



04252006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, RICHARD
1497 RAINBOW ACRES RD.
FERNANDINA BEACH, FL 32034**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	BC
NAME	CHUNN, SHARON A
STREET ADDRESS	96279 GLENWOOD RD
CITY-ST-ZIP	YULEE, FL 32097
TITLE	DV
NAME	CONLON, JO ANN
STREET ADDRESS	86087 MONTANK DR
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	DS
NAME	TOBIN, MARY ANN
STREET ADDRESS	95232 CAPTAINS WAY
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	DT
NAME	CHAPMAN, RICHARD
STREET ADDRESS	1497 RAINBOW ACRES RD.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80062-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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:

R. Chapman

R. Chapman

4/25/06

904 261-4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #