

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90684 018 ****61.25

DOCUMENT # NO1000007023

1. Entity Name

GREATER NASSAU-WOMENS SERVICES INC.



Principal Place of Business

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

Mailing Address

**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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing:
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DV** ☐ Delete
NAME **TOBIN, MARYANN**
STREET ADDRESS **4262 CAPTAINS WAY**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

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

TITLE **DT** ☐ Delete
NAME **CHAPMAN, RICHARD**
STREET ADDRESS **1497 RAINBOW ACRES RD.**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE *Richard Chapman*

3/11/03

904 261 4131

CR2E037 (10/02)