

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02947 (2)**

1. Corporation Name

**WOMEN IN NEED, INC.**



Principal Place of Business

Mailing Address

6693 ARLINGTON ROAD  
JACKSONVILLE FL 32211  
US

P.O. BOX 1435  
ORANGE PARK FL 32067-1435  
US

3. Date Incorporated or Qualified

05/08/1984

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **1693 Rogero Road**

26 Suite, Apt. #, etc.

22 **Jacksonville, FL**

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **32211**

25 Country **U.S.**

29 Zip

30 Country

4. FEI Number

59-2358825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBSON, ROGER B.  
51 RIVER ROAD  
ORANGE PARK FL 32073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **GIBSON, CAROL F**  
STREET ADDRESS **51 RIVER ROAD**  
CITY - ST - ZIP **ORANGE PARK FL**

TITLE **D** ☐ DELETE  
NAME **STOKES, DAYTHEL**  
STREET ADDRESS **4351 SMUGGLERS WAY**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **MOODY, FAYE**  
STREET ADDRESS **9241 5TH AVE**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **SD** ☒ DELETE  
NAME **MOODY, FAYE**  
STREET ADDRESS **9241 5TH AVENUE**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **TD** ☒ DELETE  
NAME **BICKERSTAFF, JAYNE**  
STREET ADDRESS **68 HIALEAH DR.**  
CITY - ST - ZIP **ORANGE PARK FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/D** ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE **S/D** ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE **V/T/D** ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE **D** ☐ Change ☒ Addition  
42 NAME **Gregory V. Hardee**  
43 STREET ADDRESS **869 South Lane Avenue**  
44 CITY - ST - ZIP **Jacksonville, FL 32205**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol F. Gibson **Carol F. Gibson** 1/17/96 (904) 264-5717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)