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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02947

1. Corporation Name

WOMEN IN NEED, INC.

Principal Place of Business

400 CAHOON ROAD
 JACKSONVILLE FL 32220
 US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/08/1984

4. FEI Number

59-2358825

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME GIBSON, CAROL F
 STREET ADDRESS 51 RIVER ROAD
 CITY-ST-ZIP ORANGE PARK FL

TITLE VD ☒ DELETE

NAME STOKES, DAYTHEL
 STREET ADDRESS 4351 SMUGGLERS WAY
 CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ DELETE

NAME MOODY, FAYE
 STREET ADDRESS 9241 5TH AVE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☒ DELETE

NAME HARDEE, GREGORY V.
 STREET ADDRESS 863 S. LANE AVE.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD Hardee, Gregory V.
 863 S. Lane Ave
 Jacksonville, FL 32205

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S Kim Frketic
 6370 Sauterne Dr.
 Jacksonville, FL 32210

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T Connie Sikes
 529 Harrison Ave.
 Orange Park, FL 32065

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D Greg Clary
 3689 Trailridge Rd
 Middleburg, FL 32068

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Stephen B. Gill, MD
 1985 Lakeshore Dr. No.
 Orange Park, FL 32073

14. 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 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, with all other like empowered.

SIGNATURE:

Carol Lynne F. Gibson [Signature] Carol Lynne F. Gibson 2-3-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-264-5717

CR2E037 (1/98)

Section 13. Additions to Officers & Directors

183460-40115-41
NO2947

D

Selena Hayle
1219 Arden Ave.
Orange Park, Fl. 32073

D

J. Michael Hogan
4294 Buck Point Road
Jacksonville, Fl. 32210

D

Joseph B. Stokes, Jr, MD
586 Thornwood Lane
Orange Park, Fl. 32073