

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02947

1. Entity Name

WOMEN IN NEED, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90022 047 ****61.25

Principal Place of Business

51 RIVER ROAD
ORANGE PARK FL 32073
US

Mailing Address

51 RIVER ROAD
ORANGE PARK FL 32073-3054
US

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 **59-2358825**

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

GIBSON, ROGER B
51 RIVER ROAD
ORANGE PARK FL 32073

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

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS HARDEE, GREGORY V
CITY-ST-ZIP 863 S. LANE AVE.
JACKSONVILLE FL 32205

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

TITLE ☒ Delete
NAME S
STREET ADDRESS FRKETIC, KIM
CITY-ST-ZIP 6370 SAUTERNE DR
JACKSONVILLE FL 32210

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS Lcola Crews
CITY-ST-ZIP 1627 Mt. Vernon Dr.
Jacksonville, Fl. 32210

TITLE ☐ Delete
NAME T
STREET ADDRESS SIKES, CONNIE
CITY-ST-ZIP 529 HARRISON AVE
ORANGE PARK FL 32065

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CLARY, GREG
CITY-ST-ZIP 3609 TRAILRIDGE RD
MIDDLEBURG FL 32068

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GILL, STEPHEN B
CITY-ST-ZIP 1935 LAKESHORE DR. NO.
ORANGE PARK FL 32073

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: *Carol Lynn F. Gibson* SIGNATURE: *Carol Lynn F. Gibson* 3-6-00 904-264-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)