## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 19, 2001 8:00 am **DOCUMENT # N02947** Secretary of State 1. Entity Name WOMEN IN NEED, INC. 03-19-2001 90061 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 51 RIVER ROAD 51 RIVER ROAD ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address 6900 Wheat Road P.O. Box 440819 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2358825 Jacksonville, Fl Jacksonville Not Applicable Country Country Zip Zio \$8.75 Additional 5. Certificate of Status Desired $\Box$ 32222-0014 U·S. A U. S. A. 32244 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GIBSON, ROGER B 51 RIVER ROAD ORANGE PARK FL 32073 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITI F Delete TITI F ☐ Change GIBSON, CAROL F NAME NAME 51 RIVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL** CITY-ST-7IP Addition TITLE ☐ Detete TITLE Change HARDEE, GREGORY V NAME NAME 7830 1031 St. Suite 8 863 S. LANE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-7IP TITLE ---- Delete -TITLE ☐ Change Addition CREWS, LEOLA NAME NAME STREET ADDRESS 1627 MT VERNON DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 City-St-7iP ☐ Delete ☐ Change TITLE TITLE Addition SIKES, CONNIE NAME NAME **529 HARRISON AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-7IP ☐ Change ☐ Delete Addition TITLE TITI F CLARY, GREG NAME NAME 3609 TRAILRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILL, STEPHEN B NAME NAME 1935 LAKESHORE DR. NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP

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. NING OFFICER OR DIRECTOR Date Daylime Phone \*

attachment D# NO2947

Women In Need, Inc.

## Directors:

Selena Hayle 775 Arran Court Orange Park, Florida 32073

Honorable J. Michael Hogan 4294 Buck Point Road Jacksonville, Florida 32210

Eva Longino 5066 Havenwood Oaks Ter. Jacksonville, Florida 32210

Tony Nasrallah 5020 Ortega Forest Blvd. Jacksonville, Florida 32210

Dr. Joseph B. Stokes, Jr. 586 Thornwood Lane Orange Park, Florida 32073