

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
 04-23-2002 90346 006 \*\*\*\*61.25

**DOCUMENT # N02947**

1. Entity Name

**WOMEN IN NEED, INC.**

Principal Place of Business

Mailing Address

6900 WHEAT ROAD  
 JACKSONVILLE FL 32244  
 US

P.O. BOX 440819  
 JACKSONVILLE FL 32222-0014  
 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 **7830 103RD STREET, SUITE 8**  
**JACKSONVILLE FL 32210**

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

TITLE ☒ Delete  
 NAME **S-**  
 STREET ADDRESS **CREWS, LEOLA**  
 CITY-ST-ZIP **1627 MT VERNON DR**  
**JACKSONVILLE FL 32210**

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

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 Lynne Gibson* **Carol Lynne Gibson** **4-12-02** **904-317-0333**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Women In Need, Inc.

Att. # 834445  
Doc. #  
No 2947

Directors:

Selena Hayle  
775 Arrans Court  
Orange Park, Florida 32073

Tony Nasrallah  
5020 Ortega Forest Blvd.  
Jacksonville, Florida 32210