

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90006 039 ****61.25

DOCUMENT # N02947

1. Entity Name

WOMEN IN NEED, INC.



Principal Place of Business

6900 WHEAT ROAD
JACKSONVILLE FL 32244
US

Mailing Address

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

GIBSON, ROGER B
51 RIVER ROAD
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GIBSON, CAROL F | |
| STREET ADDRESS | 51 RIVER ROAD | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HAYLE, SELENA | |
| STREET ADDRESS | 775 ARRANS COURT | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NASRALLAH, TONY | |
| STREET ADDRESS | 5020 ORTEGA FOREST BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GILL, STEPHEN B | |
| STREET ADDRESS | 1935 LAKESHORE DR. NO. | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GIBSON, CAROL F | |
| STREET ADDRESS | 51 RIVER ROAD | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | WESTERGARD, DAYMOND S | |
| STREET ADDRESS | 6649 IVORY CREST WAY | |
| CITY-ST-ZIP | JACKSONVILLE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Manning T. Deering | |
| STREET ADDRESS | 2703 Cedar Crest Drive | |
| CITY-ST-ZIP | Orange Park, FL 32073 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 F. Gibson* **Carol Lynne F. Gibson** **4-12-04** **904-317-0333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #