

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02947**

1. Entity Name  
**WOMEN IN NEED, INC.**



Principal Place of Business  
**6800 WHEAT ROAD  
JACKSONVILLE, FL 32244 US**

Mailing Address  
**P.O. BOX 440819  
JACKSONVILLE, FL 32222-0014 US**



02062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2358625</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, CAROL F 51 RIVER ROAD ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEERING, MANNING T 2703 CEDAR CREST DRIVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASRALLAH, TONY 5020 ORTEGA FOREST BLVD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBSON, CAROL F 51 RIVER ROAD ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, FRED 10 SYCAMORE STREET PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, ROGER B 51 RIVER ROAD ORANGE PARK, FL 32073

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02/21/06-80019-U09 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-6-06 904-317-0333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #