

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90017 033 ****61.25

DOCUMENT # N03000003662

1. Entity Name
NEW DAWN WOMEN'S CLINIC, INC.



Principal Place of Business
**2495 WESTMINSTER TERR
OVIEDO, FL 32765**

Mailing Address
**2495 WESTMINSTER TERR
OVIEDO, FL 32765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (10/03)

4. FEI Number
05-0571419

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

**EGBERT, JAMES F
2495 WESTMINSTER TERR
OVIEDO, FL 32765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

OVIEDO

FL

Zip Code

32765

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **EGBERT, JAMES F**
STREET ADDRESS **2495 WESTMINSTER TERR**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **DIR.** ☐ Change ☒ Addition
NAME **HOLLY JOHANSEN**
STREET ADDRESS **2727 OXFORD ST.**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **VP** ☐ Delete
NAME **SMITH, CATHERINE A**
STREET ADDRESS **7028 ARBOR CT**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **DIR.** ☐ Change ☒ Addition
NAME **DIANNE CHRISTIAN**
STREET ADDRESS **2625 UNIVERSITY ACRES**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **T** ☐ Delete
NAME **ARTHUR-WONG, MICHAEL**
STREET ADDRESS **4233 ECONLOCKHATCHEE TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **DIR.** ☐ Change ☒ Addition
NAME **SANDRA VASTOLA**
STREET ADDRESS **2675 RUNNING SPRINGS LA**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **D** ☒ Delete
NAME **CHAP, PAT**
STREET ADDRESS **4671 TIFFANY WOODS CIR**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **DIR.** ☐ Change ☒ Addition
NAME **DR. DAN GODDARD, MD**
STREET ADDRESS **5675 S. SEMORAN BLVD**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **D** ☐ Delete
NAME **WEBER, CHERIE**
STREET ADDRESS **1451 WHITEHALL BLVD**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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

TITLE **D** ☒ Delete
NAME **JANE SUMMERS, MARY**
STREET ADDRESS **9241 MELENA DR**
CITY-ST-ZIP **ORLANDO, FL 32817**

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: James F. Egbert / **JAMES F. EGBERT** 1/10/05 407/3667512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #