

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 024 ****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

4. FEI Number

05-0571419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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

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 reorganizing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	EGBERT, JAMES F	
STREET ADDRESS	2495 WESTMINSTER TERR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, CATHERINE A	
STREET ADDRESS	7028 ARBOR CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARTHUR-WONG, MICHAEL	
STREET ADDRESS	4233 ECONLOCKHATCHEE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOHANSEN, HOLLY	
STREET ADDRESS	2727 OXFORD ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBER, CHERIE	
STREET ADDRESS	1451 WHITEHALL BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, DIANNE	
STREET ADDRESS	2625 UNIVERSITY ACRES	
CITY-ST-ZIP	ORLANDO FL 32817	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHANSEN, HOLLY	
STREET ADDRESS	2727 OXFORD ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
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 exemptions contained in Section 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:

James F. Egbert

1/18/06

407-346-7512