

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90040 002 ****61.25

DOCUMENT # N09886

1. Entity Name

WOMEN FOR CHRIST, INC.



Principal Place of Business

4595 LEXINGTON AVE.
JACKSONVILLE FL 32210
US

Mailing Address

P.O. BOX 95
ORTEGA STATION
JACKSONVILLE FL 32210
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 95

Suite, Apt. #, etc.

Ortega Station
City & State
Jacksonville, Fla.

Zip
32210

Country
USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-2605319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SASSER, JEANINE B
4595 LEXINGTON AVE.
STE 100
JACKSONVILLE FL 32210

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 ☒ Delete
NAME GRACE, DUDLEY
STREET ADDRESS 4737 EXETAR LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VP ☐ Delete
NAME CONWAY, ANN
STREET ADDRESS 4341 VENETIA BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE SD ☒ Delete
NAME HAWKINS, ANNE REID
STREET ADDRESS 1871 MONTGOMERY PL.
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE TD ☒ Delete
NAME TOWERS, KATY
STREET ADDRESS 4579 ORTEGA BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME TOWERS, KATY
STREET ADDRESS 4579 ORTEGA BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE SD ☐ Change ☒ Addition
NAME HUGHES, CHARLENE
STREET ADDRESS 4265 YACHT CLUB RD
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TD ☐ Change ☒ Addition
NAME RICE, JULIE
STREET ADDRESS 4945 MORVEN RD
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

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: *Julie F. Rice* **JULIE F. RICE, TREASURER** 3/1/04 904-388-9432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #