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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002562

1. Corporation Name

FIRST COAST WOMEN'S SERVICES, INC.

\* 9 4 5 4 8 \*  
94548 - 90062 - 6

Principal Place of Business

3938 SUNBEAM RD.  
SUITE 3  
JACKSONVILLE FL 32257  
US

Mailing Address

3938 SUNBEAM ROAD  
STE. 3  
JACKSONVILLE FL 32257  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/08/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3200240

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, D. GARY  
3938 SUNBEAM ROAD  
STE. 3  
JACKSONVILLE FL 32257

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME SOUD, GINGER  
STREET ADDRESS 3738 RIVERHALL DR  
CITY-ST-ZIP JACKSONVILLE FL 32217

1.1 TITLE S  Change  Addition  
1.2 NAME Brad Bellingrath  
1.3 STREET ADDRESS 4532 Carolyn Cove  
1.4 CITY-ST-ZIP Jacksonville, FL 32258

TITLE VCD  DELETE  
NAME DAVIS, JUDY  
STREET ADDRESS 8210 BAHIA BLANCA CT  
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE T  Change  Addition  
2.2 NAME Marshall Davis  
2.3 STREET ADDRESS 4130 Mc Girts Blvd  
2.4 CITY-ST-ZIP Jacksonville, FL 32210

TITLE ED  DELETE  
NAME BUSH, TERRY  
STREET ADDRESS 129 N. SAN PABLO RD.  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME STEPHENSON, CLEVE  
STREET ADDRESS 942 FRUIT COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME STAKE, KANDI  
STREET ADDRESS 10240 SCOTT MILL ROAD  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE C  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jerry Bush* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

904-263-6300

Daytime Phone #

CR2E037 (11/98)