

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 10, 2000 8:00 am
Secretary of State

04-11-2000 90223 010 ****70.00

DOCUMENT # N93000002562

1. Entity Name

FIRST COAST WOMEN'S SERVICES, INC.

Principal Place of Business

Mailing Address

3938 SUNBEAM RD.
 SUITE 3
 JACKSONVILLE FL 32257
 US

3938 SUNBEAM ROAD
 STE. 3
 JACKSONVILLE FL 32223-7230
 US

2. Principal Place of Business

11215 San Jose Blvd.

3. Mailing Address

11215 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32223

Country

USA

Zip

32223

Country

USA

4. FEI Number

59-3200240

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Same

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

11215 San Jose Boulevard

Jacksonville, FL

City

FL

Zip Code

32223

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELLINGTOON, BRAD	
STREET ADDRESS	4532 CAROLYN COVE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	DAVIS, JUDY	
STREET ADDRESS	8210 BAHIA BLANCA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BUSH, TERRY	
STREET ADDRESS	129 N. SAN PABLO RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARSHALL	
STREET ADDRESS	4130 MCGIRTS BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	STAKE, KANDI	
STREET ADDRESS	10240 SCOTT MILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Recording Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melanie Diehm	
STREET ADDRESS	1046 Larkspur Lane	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D Vice - Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keri Griffith	
STREET ADDRESS	7846 Rittenhouse Lane	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Bunnell	
STREET ADDRESS	1209 Hammock Oaks Drive	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D Chairman	<input checked="" 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 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: *Kandi Stake* *Recording Secretary* *Chairman of Hepato* *904-262-6300*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *5/10/00* Daytime Phone # *6300*

CR2E037 (9/99)