

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90092 040 ****70.00

DOCUMENT # N93000002562 1. Entity Name FIRST COAST WOMEN'S SERVICES, INC.					
Principal Place of Business 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223 US			Mailing Address 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent STEWART, TOM 7859 MARSALA CT JACKSONVILLE, FL 32244				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					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	ED HUBBARD, MARY 14270 HAWKSMORE LANE JACKSONVILLE, FL 32223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Weber, Judy S. 124 33rd Ave. South Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ADAMS, ADEN C 8138 JOSE CIRCLE W JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FARAH, KAREN 9188 CAMSHIRE DRIVE JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, TOM 7354 MARSALA CT JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, BECKY 3388 S. MANDARIN GLEN CIRCLE JACKSONVILLE, FL 32223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peed, Diane 7870 Heather Lake Ct. S. Jacksonville, FL 32222	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Tom B</u>			4-18-07 (904) 398-5665		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		