2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 10, 2003 8:00 am Secretary of State DOCUMENT # N93000002562 1. Entity Name 03-10-2003 90166 041 ****70 00 FIRST COAST WOMEN'S SERVICES, INC. Principal Place of Business Mailing Address 11215 SAN JOSE BLVD 11215 SAN JOSE BLVD JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3200240 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, D. GARY 11215 SAN JOSE BLVD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32223 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 RSD TITLE Delete TITLE ED ☐ Change Addition DIEHM, MELANIE NAME Hubbard, Mary NAME STREET ADDRESS 1046 LARKSPUR LANE STREET ADDRESS 14270 Hawksmore Lane CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP Jacksonville, FL 32223 VCD TITLE ☐ Delete TITLE ☐ Change DINGFIELD, DAVID NAME NAME Rita Townsend STREET ADDRESS '7867 Timberlin PK blvd STREET ADDRESS 4590 Ortega Island Dr. CITY-ST-ZIP JACKSONVILLE:FL:32256 CITY-ST-ZIP Jacksonville - FL 32210 Delete TITLE SD BUSH, TERRY NAME NAME Karen Farah STREET ADDRESS 129 N. SAN PABLO RD. STREET ADDRESS 9188 Comshire Drive CITY-ST-ZIP Jacksonville fl CITY-ST-ZIP Jacksonville, FL CD Delete TITLE Change GRIFFITH, KERI ☐ Addition NAME STREET ADDRESS 7840 RITTENHOUSE LANE STREET ADDRESS CITY-ST-7IP Jacksonville FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BUNNELL, JEFF NAME STREET ADDRESS 1209 HAMMOCK OAKS DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 an address, with all other like empower

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

404-242-6300

FILED