

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 014 ****70.00

40087763



04032006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000002112 1. Entity Name WOMEN'S CARE CENTER OF NSB, INC.			
Principal Place of Business 600 N DIXIE PKWY NEW SMYRNA BEACH, FL 32168 US		Mailing Address 600 N DIXIE PKWY NEW SMYRNA BEACH, FL 32168 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 295 Suite, Apt. #, etc.	
City & State NEW SMYRNA BEACH FL		4. FEI Number 59-3250189	
Zip 32170		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARA, KEVIN 600 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD WILSON, J.B. 1769 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN PASTOR ADEWALE ADEWUMI 406 N. MYRTLE AVENUE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFER, HANS 551 N ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. NANCY GUNTER 2638 GLEN DRIVE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEVE ZEH 142 SLASH PINE CT. NEW SMYRNA BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-25-06 386-428-5736 <small>Daytime Phone #</small>	