

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

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
**POB 295
NEW SMYRNA BEACH, FL 32170 US**



02062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3250189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARA, KEVIN
600 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ADEWUMI, ADEWALE PASTOR
406 N MYRTLE AVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GUNTER, NANCY
2858 GLEN DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ZEH, STEVE
142 SLASH PINE CT
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U000000715476
04/27/07-80067-012 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN PARA

Date

4-6-07

Daytime Phone #

386 428-5136