

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002112

FILED
Apr 20, 2009
Secretary of State

Entity Name: WOMEN'S CARE CENTER OF NSB, INC.

Current Principal Place of Business:

600 N DIXIE PKWY
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

POB 295
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-3250189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWEIZER, KEVIN
880 CATFISH AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHWEIZER, KEVIN
Address: 880 CATFISH AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: OLNEY, TOM
Address: 6539 SHAHAB LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: ZEH, STEVE
Address: 142 SLASH PINE CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: M () Delete
Name: CAMPBELL, PHIL PHD
Address: 2185 SW WAYNE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: M () Delete
Name: USTICK, SCOTT
Address: 4180 SW 11TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: USTICK, SCOTT
Address: 4180 SW 11TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: E/D (X) Change () Addition
Name: ADEWUMI, ADEWALE PASTOR
Address: P.O. BOX 350659
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR ADEWALE ADEWUMI

E/D

04/20/2009

Electronic Signature of Signing Officer or Director

Date