

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000827 (4)

1. Corporation Name

AA WOMEN'S CARE CENTERS, INC.



Principal Place of Business

6693 ARLINGTON ROAD  
JACKSONVILLE FL 32211

Mailing Address

6693 ARLINGTON ROAD  
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

01/23/1995

3e. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1693 Rogero Road

26 P.O. Box 1435

4. FEI Number

59-2358825

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Jacksonville, Fl.

28 City & State  
Orange Park, Fl.

24 Zip  
32211

25 Country  
U.S.A.

29 Zip  
32067-1435

30 Country  
U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDEE, GREGORY V  
863 SOUTH LANE AVENUE  
JACKSONVILLE FL 32205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GIBSON, CAROL LYNNE F  
STREET ADDRESS 51 RIVER ROAD  
CITY-ST-ZIP ORANGE PARK FL 32073

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME STOKES, DAYTHEL  
STREET ADDRESS 4315 SMUGGLERS WAY  
CITY-ST-ZIP JACKSONVILLE FL 32210

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME MOODY, FAYE  
STREET ADDRESS 9241 5TH AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32208

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D. Hardee, Gregory V  
4.3 STREET ADDRESS 863 South Lane Ave.  
4.4 CITY-ST-ZIP Jax, Fl. 32205

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol F. Gibson Carol F. Gibson 3-12-96 (904)264-5717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)