

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

0002336

DOCUMENT # N97000007178

Entity Name

FULL CIRCLE WOMEN'S HEALTH, INC.



FILED

03 OCT 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4 EAST DADE STREET 245 SUMMIT RD.
MADISON FL 32340

P O BOX 184
MADISON FL 32341

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3486003

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TOWLER, MARIANNE
RT 5, BOX 5545
MONTICELLO FL 32344

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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

CEOT
TOWLER, MARIANNE
RT 5 BOX 5545
MONTICELLO FL 32344

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
BORGER, ELIZABETH
1003 MAPLE DR
TALLAHASSEE FL 32301

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STREET ADDRESS
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ST
STOWELL, JOCELYN
1003 LUCY ST
TALLAHASSEE FL 32308

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I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

Jocelyn Stowell

CR2E037 (4/03)