

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91596 003 ****61.25

DOCUMENT # N99000002461

1. Entity Name

JCP WOMEN'S ASSOCIATION, INC.

Principal Place of Business

708 OAK COVE CT.
 JACKSONVILLE FL 32259

Mailing Address

708 OAK COVE CT.
 JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3570739

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAUS, BECKY
708 OAK COVE CT.
JACKSONVILLE FL 32259

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 NAME **HALD, MARY** ☐ Delete
 STREET ADDRESS **311 EDGEWATER BRANCH DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

T
 NAME **THORS, MELISSA** ☒ Change ☐ Addition
 STREET ADDRESS **937 W. DOTY BRANCH LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

PD
 NAME **SAHOCKI, ANNMARIE** ☐ Delete
 STREET ADDRESS **232 TRAPPER TRACE COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

PD
 NAME **SORENSEN, GEORGIA** ☒ Change ☐ Addition
 STREET ADDRESS **341 BELL BRANCH LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

VPD
 NAME **GAY, LINDA** ☐ Delete
 STREET ADDRESS **320 CHICASAW COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

VPD
 NAME **BUCHER, HEATHER** ☒ Change ☐ Addition
 STREET ADDRESS **412 BELL BRANCH LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

T
 NAME **KING, JENNIFER** ☐ Delete
 STREET ADDRESS **300 MAPLEWOOD DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

T
 NAME **DOERLER, TAMMIE** ☒ Change ☐ Addition
 STREET ADDRESS **613 FALCON FORK WAY**
 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

☐ Delete

S
 NAME **NALLEY, JESSICA** ☐ Change ☒ Addition
 STREET ADDRESS **745 GRAND PARK DRIVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

☐ Delete

S
 NAME **PREVATT, CORY** ☐ Change ☒ Addition
 STREET ADDRESS **197 AFTON LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

12. 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:

Tammie Doerler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

(904) 287-1469

Date

Daytime Phone #

CR2E037 (9/01)