2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004
Secretary of State

DOCUMENT# N99000002461

Entity Name: JCP WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

708 OAK COVE CT.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

PO BOX 600491
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-3570739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHER, HEATHER
412 BELLBRANCH LN
JACKSONVILLE, FL 32259

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:	PD	( ) Delete
Name:	BUCHER, HEATHER	
Address:	412 BELLBRANCH LN	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	PD	( ) Delete
Name:	SORENSON, GEORGIA	
Address:	341 BELL BRANCH LN	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	S	( ) Delete
Name:	WARD, LISA	
Address:	528 SPARROW BRCH CIR	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	S	( ) Delete
Name:	RANGY, DAWN	
Address:	1608 JODY CT	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	T	( ) Delete
Name:	BROWN, KIM	
Address:	2246 BETONY BRCH WAY	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	S	( ) Delete
Name:	NELSON, KIM	
Address:	4424 NORTH PENNYCRESS PL	
City-St-Zip:	JACKSONVILLE, FL 32259	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM BROWN T 05/07/2004

Electronic Signature of Signing Officer or Director — Date