

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

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90082 017 \*\*\*\*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  
**P.O. Box 600491**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32260**

**USA**

4. FEI Number **59-3570739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAUS, BECKY  
708 OAK COVE CT.  
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name **HEATHER BUCHER**  
Street Address (P.O. Box Number is Not Acceptable)  
**412 BELL BRANCH LANE**  
City **JACKSONVILLE** FL Zip Code **32259**

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. 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

TITLE	T	THORS, MELISSA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		937 W. DOTY BRANCH LN	
CITY-ST-ZIP		JACKSONVILLE FL 32259	
TITLE	PD	SORENSEN, GEORGIA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		341 BELL BRANCH LN	
CITY-ST-ZIP		JACKSONVILLE FL 32259	
TITLE	VPD	BUTCHER, HEATHER	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		412 BELL BRANCH LANE	
CITY-ST-ZIP		JACKSONVILLE FL 32259	
TITLE	T	DOERLER, TAMMIE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		613 FALCON FORK WAY	
CITY-ST-ZIP		JACKSONVILLE FL 32259	
TITLE	S	NALLEY, JESSICA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		745 GRAND PARK DR.	
CITY-ST-ZIP		JACKSONVILLE FL 32259	
TITLE	S	PREVATT, CORY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		197 AFTON LN	
CITY-ST-ZIP		JACKSONVILLE FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	BUCHER, HEATHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		412 BELL BRANCH LANE	
CITY-ST-ZIP		JACKSONVILLE, FL 32259	
TITLE	VPD	MISTY PHILLIPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1504 AFTON CT	
CITY-ST-ZIP		JACKSONVILLE, FL 32259	
TITLE	S	LISA WARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		528 SPARROW BRCH CIR	
CITY-ST-ZIP		JAX FL 32259	
TITLE	S	DAWN RANEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1608 Jody Court	
CITY-ST-ZIP		JAX FL 32259	
TITLE	T	KIM BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		3246 BETONY BRCH WAY	
CITY-ST-ZIP		JAX, FL 32259	
TITLE	S	KIM NELSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		4424 North Pennycrest Pl.	
CITY-ST-ZIP		JAX 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: SIGNATURE REQUIRED**

904-230-2871

CR2E037 (4/03)