

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732279

Entity Name: WOMEN'S CENTER OF JACKSONVILLE, INC.**Current Principal Place of Business:**5644 COLCORD AVE.
JACKSONVILLE, FL 32211**Current Mailing Address:**5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US**FEI Number:** 23-7437216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVERLY, LISE
5644 COLCORD AVE.
JACKSONVILLE, FL 32211 US*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:** LISE EVERLY

01/17/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name BALLARD, ALMA
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name ZIER, MELISSA
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name CLARK, BETH
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title PRESIDENT
Name EVERLY, LISE
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name VANZEE, LAURA
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name DONOVAN, DIANA
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title SECRETARY
Name FRIEDMAN, VICKIE
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name JONES, TEMIKA
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: LISE EVERLY**BOARD PRESIDENT**

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COCKRELL, JOSH
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL

Title VP
Name MANNION, SARAH
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name SIMMONS, SHARON
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name BLACK, LAUREL
Address 5644 COLCORD AVE
City-State-Zip: JACKSONVILLE FL 32211

Title TREASURER
Name STEPHENS, KIMBERLY
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL

Title DIRECTOR
Name MOITREY, NAYEK
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211

Title 2ND VICE PRESIDENT
Name SUSLAK, SALLY
Address 5644 COLCORD AVE.
City-State-Zip: JACKSONVILLE FL 32211