

2025 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:** Yes**Name and Address of Current Registered Agent:**MILES, TERESA G
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:** TERESA G MILES

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

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

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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: TERESA G. MILES**EXECUTIVE DIRECTOR**

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

Title EXECUTIVE DIRECTOR
Name MILES, TERESA G.
Address 5644 COLCORD AVENUE
City-State-Zip: JACKSONVILLE FL 32211

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

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