

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23193

Entity Name: A WOMAN'S CHOICE, INC., A MEDICAL PROGRAM FOR WOMEN

FILED
Feb 05, 2024
Secretary of State
0075947983CC

Current Principal Place of Business:

1234 E LIME ST
LAKELAND, FL 33801

Current Mailing Address:

1234 E LIME ST
LAKELAND, FL 33801 US

FEI Number: 59-2853796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEIN, REBECCA
1234 E LIME STREET
LAKELAND, FL 33801 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SPAFFORD, ADAM
Address 117 E MAXWELL ST
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name KLEIN, REBECCA
Address 716 LAKE ELOISE PLACE
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name MOSS, CANDACE
Address 4019 JENNY DRIVE
City-State-Zip: LAKELAND FL 33813

Title BOARD MEMBER
Name FEAR, CHRIS
Address 1211 ROLLING WOODS LANE
City-State-Zip: LAKELAND FL 33813

Title BOARD MEMBER
Name FREED, CLARKE
Address 5017 FAIRFAX E
City-State-Zip: LAKELAND FL 33813

Title BOARD MEMBER
Name CHEEK, COADY
Address 1002 SUCCESS AVE
City-State-Zip: LAKELAND FL 33803

Title BOARD MEMBER
Name FRIEDT, JON
Address 7805 FOX SQUIRREL CIR
City-State-Zip: LAKELAND FL 33809

Title TREASURER
Name BENIGAS, LACEY
Address 362 AUDUBON OAKS DR. APT 101
City-State-Zip: LAKELAND FL 33809

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: REBECCA KLEIN

EXECUTIVE DIRECTOR

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name KELLY, STARGEL
Address 2626 COLLINS AVE
City-State-Zip: LAKELAND FL 33803