FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718732** **(1)**

1. Corporation Name

CHURCH WOMEN UNITED IN GREATER JACKSONVILLE, FLO RIDA, INC.

Principal Place of Business	Mailing Address
8133 FT CAROLINE RD. JACKSONVILLE FL 3221[illegible]77 US	8133 FT. CAROLINE RD. JACKSONVILLE FL 32211 US

3. Date Incorporated or Qualified: 06/23/1970	3a. Date of Last Report: 03/06/1995
4. FEI Number: 59-1517017	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 8133 FORT CAROLINE Rd	26 8133 Ft. CAROLINE Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville FL	28 City & State: Jacksonville FL
24 Zip: 32277 25 Country	29 Zip: 32277-2224 30 Country: USA

9. Name and Address of Current Registered Agent

SIMMONS, DEEDIE
8133 FT CAROLINE RD
JACKSONVILLE FL 322[illegible]77-2224

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, DEEDIE		12 NAME		
STREET ADDRESS	8133 FT CAROLINE RD.		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 322		14 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	21 TITLE	VP	☑ Change ☐ Addition
NAME	SIMMONS, ALTAMESE		22 NAME	Carol SELLERS	
STREET ADDRESS	1592 W 45TH ST		23 STREET ADDRESS	6604 SHADY OAK Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		24 CITY-ST-ZIP	Jacksonville FL 32277	
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DAWSON, GRACE		32 NAME		
STREET ADDRESS	7731 KING ROYSE RD		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32244		34 CITY-ST-ZIP		
TITLE	S	☒ DELETE	41 TITLE	S	☑ Change ☐ Addition
NAME	SELLERS, CAROL		42 NAME	Pauline Mosley	
STREET ADDRESS	6604 SHADY OAK DR.		43 STREET ADDRESS	4660 Effingham Rd.	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	Jacksonville FL 32208	
TITLE	TD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SAPP, BETTY		52 NAME		
STREET ADDRESS	6011 BROOKRIDGE RD		53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deedie Simmons — 1-19-96 — 904/744-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Deedie Simmons