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04-27-1999 90059 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718732

1. Corporation Name

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

Principal Place of Business	Mailing Address
3118 WINTON DR JACKSONVILLE FL 32208 US	3118 WINTON DR JACKSONVILLE FL 32208 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 06/23/1970

4. FEI Number: 59-1517017 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEPHENS, DELENA
3118 WINTON DR
JACKSONVILLE FL 32208

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. 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, DELENA		1.2 NAME		
STREET ADDRESS	3118 WINTON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THIGPENN, CARLA		2.2 NAME		
STREET ADDRESS	5317 S. RIVER RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENNELRY, DOROTHY		3.2 NAME		
STREET ADDRESS	3228 RIBAULT SCENIC DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAZOURI, GINNY		4.2 NAME		
STREET ADDRESS	5363 FLORA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAPP, BETTY		5.2 NAME		
STREET ADDRESS	6011 BROOKRIDGE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Betty Sapp Treasurer — SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY W. SAPP TREASURER

April 22, 1999 — Date

904/771-5492 — Daytime Phone #