

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718732

1. Entity Name

CHURCH WOMEN UNITED IN GREATER JACKSONVILLE, FLO

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90041 046 ****61.25

Principal Place of Business

Mailing Address

3118 WINTON DR
JACKSONVILLE FL 32208
US

3118 WINTON DR
JACKSONVILLE FL 32208-2439
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1517017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, DELENA
3118 WINTON DR
JACKSONVILLE FL 32208

Name
MOSLEY, PAULINE Y
Street Address (P.O. Box Number is Not Acceptable)
4660 EFFINGHAM RD
JACKSONVILLE, FL
City FL Zip Code 32208

8. 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 *Pauline Y. Mosley*
Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

February 15, 2000
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	STEPHENS, DELENA	
STREET ADDRESS	3118 WINTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	☐ Delete
NAME	THIGPENN, CARLA	
STREET ADDRESS	5317 S. RIVER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☒ Delete
NAME	KENNELRY, DOROTHY	
STREET ADDRESS	3228 RIBAUT SCENIC DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	S	☒ Delete
NAME	HAZOURI, GINNY	
STREET ADDRESS	5363 FLORA AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Delete
NAME	SAPP, BETTY	
STREET ADDRESS	6011 BROOKRIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☒ Addition
NAME	MOSLEY, PAULINE Y	
STREET ADDRESS	4660 EFFINGHAM RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	D	☒ Change ☐ Addition
NAME	THIGPENN, CARLA	
STREET ADDRESS	6599 CHESTER AVE #204	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	☒ Change ☒ Addition
NAME	SOUTHWORTH, BETTY	
STREET ADDRESS	2102 RONALD LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	S	☐ Change ☒ Addition
NAME	DEDDIE SIMMONS	
STREET ADDRESS	8133 W CAROLINE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Sapp* *BETTY SAPP*, Treasurer *Feb 26, 2000* 904/771-5492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)