

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90124 006 ****61.25

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08302004 Chg-NP CR2E037 (10/03)

DOCUMENT # 718732 1. Entity Name CHURCH WOMEN UNITED IN GREATER JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business 3228 RIBAUT SCENIC DR JACKSONVILLE, FL 32208 US			Mailing Address 3228 RIBAUT SCENIC DR JACKSONVILLE, FL 32208 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1517017	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KENNERLY, DOROTHY 3228 RIBAUT SCENIC DR JACKSONVILLE, FL 32208				7. Name and Address of New Registered Agent Name MARIAN Bunch Street Address (P.O. Box Number is Not Acceptable) 7034 MADRID AVE JACKSONVILLE City FL Zip Code 32217	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Marian E. Bunch</i> September 2, 2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, DOROTHY 3228 RIBAUT SCENIC DR JACKSONVILLE, FL 32208	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIAN Bunch 7034 MADRID AVE JACKSONVILLE, FL 32217	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNCH, MARIAN 7034 MADRID AVE JACKSONVILLE, FL 32217	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEDIE SIMMONS 8133 W CAROLINE RD JACKSONVILLE, FL 32227	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHWORTH, BETTY 2102 RONALD LANE JACKSONVILLE, FL 32216	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELLIE ALEXANDER 1758 E 36th St JACKSONVILLE, FL 32206	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWTON, MILDRED 4912 40TH ST CIRCLE JACKSONVILLE, FL 32209	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUANITA HAGANS PO BOX 5091 JACKSONVILLE, FL 32247	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, BETTY 6011 BROOKRIDGE RD JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition				
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: <i>Betty W Sapp</i> BETTY W Sapp Treasurer Sept 1, 2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					