2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000009970

Entity Name: WOMEN'S COUNCIL OF REALTORS JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

4314 NARANJA DR. SOUTH
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 23831
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 36-4364588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AFFINITY LAW FIRM, P.L.
3947 BOULEVARD CENTER DR
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TEMPLETON, GEWN
Address: P O BOX 23831
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: P-E ( ) Delete
Name: MATTHEWS, MELISSA
Address: P O BOX 23831
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: VP ( ) Delete
Name: THOMAS, JANNA
Address: P O BOX 23831
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: T ( ) Delete
Name: GULLETT, NIKKI
Address: P O BOX 23831
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: S ( ) Delete
Name: FRANCIS, CAROLYN
Address: P O BOX 23831
City-St-Zip: JACKSONVILLE, FL 32241 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TEMPLETON, GWEN
Address: P O BOX 23831
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NG T 04/29/2009

Electronic Signature of Signing Officer or Director Date