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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:20

DOCUMENT # N51151 (1)

1. Corporation Name

WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY C LUB, INC.

Principal Place of Business	Mailing Address
3732 PLANTERC CREEK CIR E JACKSONVILLE FL 32224-7666 US	3732 PLANTERS CREK CIR E N/A JACKSONVILLE FL 32224-7666 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-3143252 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3851 Coopers Lake Rd.	26 3851 Coopers Lake Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fla.	City & State 28 Jacksonville, Fla.
Zip / Country 24 32224 / 25 U.S.A.	Zip / Country 29 32224 / 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ULBRICH, ROBERT G. 6802 N MAIN ST JACKSONVILLE FL 32208	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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FERRIS, MARIANNE T.	1.2 NAME	Nero, Geraldine
STREET ADDRESS	3732 PLNTRS CRK CIR E	1.3 STREET ADDRESS	3851 Coopers Lake Rd.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fla. 32224
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	PALMER, FRAN	2.2 NAME	Diana Bucher
STREET ADDRESS	13103 MALLARD POND CT	2.3 STREET ADDRESS	12856 Quailbrook Dr.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Fla. 32224
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	TRINRUD, BLY	3.2 NAME	Ann E. Smith
STREET ADDRESS	3770 PLANTERS CREEK CIR E	3.3 STREET ADDRESS	3842 Cricket Cove Rd. E.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Fla. 32224
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	CASSINO, LOUISE	4.2 NAME	Beth J. Alphen
STREET ADDRESS	13155 JOHNS ISLAND CT	4.3 STREET ADDRESS	12826 Quailbrook Dr.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Fla. 32224
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Ann E. Smith Ann E. Smith 3-3-95 233-5349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028096