


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90011 027 ****61.25

DOCUMENT # N51151			
1. Entity Name WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY CLUB, INC.			
Principal Place of Business JACKSONVILLE GOLF & COUNTRY CLUB 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224 US		Mailing Address JACKSONVILLE GOLF & COUNTRY CLUB 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224 US	
2. Principal Place of Business Jacksonville Golf + CC Suite, Apt. #, etc. 3824 Fenwick Isl. Dr. City & State Jacksonville FL Zip 32224 Country US		3. Mailing Address Jacksonville Golf + CC Suite, Apt. #, etc. 3824 Fenwick Isl. Dr. City & State Jacksonville Zip 32224 Country US	
4. FEI Number 59-3143252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THALL, HELENE 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name: Bonnie Fiesler Street Address (P.O. Box Number is Not Acceptable): 3824 Fenwick Isl. Dr. City: Jacksonville FL Zip Code: 32224	
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: Bonnie Fiesler Vice President DATE: 3-3-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD THALL, HELENE 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bonnie Fiesler 3824 Fenwick Island Dr. Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PACK, CHERYL 3735 SALTMEADOW CT. S JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kathleen Bailey 3919 Cattail Pond Dr. Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHESTER, RUTH 13113 WEXFORD HOLLOW RD N JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sylvia Roberts 3928 Cattail Pond Dr. Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bonnie Fiesler		Date: 3-3-05 Daytime Phone #: 904/223-1575	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	