

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90049 028 ****61.25

DOCUMENT # N51151

1. Entity Name

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



Principal Place of Business Mailing Address

JACKSONVILLE GOLF & COUNTRY CLUB
~~3824 FENWICK ISL. DR.~~ *3985 Hunt Club Rd*
 JACKSONVILLE FL 32224
 US

JACKSONVILLE GOLF & COUNTRY CLUB
~~3824 FENWICK ISL. DR.~~ *3985 Hunt Club Rd*
 JACKSONVILLE FL 32224
 US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number **59-3143252**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FIESLER, BONNIE
3824 FENWICK ISL. DR
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name **TBA**

Street Address (P.O. Box Number is Not Acceptable)
3985 Hunt Club Rd

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIESLER, BONNIE	
STREET ADDRESS	3824 FENWICK ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSEN, MARY ELLEN	
STREET ADDRESS	3751 CRICKET COVE RD E.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAILEY, KATHLEEN	
STREET ADDRESS	3919 CATTAIL POND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, SYLVIA	
STREET ADDRESS	3928 CATTAIL POND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **Bonnie Fiesler** 01-29-07 904/223-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #