


"Amended"

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N51151**  
 1. Entity Name  
**WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY CLUB, INC.**



**FILED**  
**07 JUN 20 PM 12:45**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**JACKSONVILLE GOLF & COUNTRY CLUB  
 3985 HUNT CLUB RD  
 JACKSONVILLE, FL 32224 US**

Mailing Address  
**JACKSONVILLE GOLF & COUNTRY CLUB  
 3985 HUNT CLUB RD  
 JACKSONVILLE, FL 32224 US**

*[Handwritten initials]*



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06122007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-3143252**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
~~FIESLER, BONNIE~~  
**Francis Palmer**  
**3985 HUNT CLUB RD**  
**JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent  
 Name **Frances Palmer**  
 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 *Frances Palmer* **Frances Palmer** **6-13-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frances Palmer 1331 First Street - N. Unit 1101 JACKSONVILLE FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rachel Ziegler 3935 Chocora Woods Place JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bernice Regan 3841 Michaels Landing CR JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Debra Brozek 3923 Littleton Bend Ct. JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bernice Regan* **Bernice Regan** **6/12/07** **904-821-4162**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #