

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51151

FILED
Jan 11, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3143252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALMER, FRANCES
3985 HUNT CLUB RD
JACKSONVILLE, FL 32224 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: PD () Delete
Name: PALMER, FRANCES
Address: 1331 FIRST STREET N., UNIT 1101
City-St-Zip: JACKSONVILLE, FL 32250

Title: V () Delete
Name: ZIEGLER, RACHEL
Address: 3935 CHICORN WOODS PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: REGAN, BERNICE
Address: 3841 MICHAELS LANDING CR
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: BROZEK, DEBRA
Address: 3923 LITTLETON BEND CT.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BERNICE REGAN

TREA

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date