

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90082 033 \*\*\*\*61.25

**DOCUMENT # N51151**

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



Principal Place of Business  
**JACKSONVILLE GOLF & COUNTRY CLUB  
3902 BRAMPTON ISLAND CT. S  
JACKSONVILLE FL 32224  
US**

Mailing Address  
**3902 BRAMPTON ISLAND CT. S  
JACKSONVILLE FL 32224  
US**

**11008118**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3959 Brampton Island Ct. S.**

3. Mailing Address  
**3959 Brampton Island Ct S**

Suite, Apt. #, etc. **Ct. S.** Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

City & State  
**Jacksonville FL**

4. FEI Number **59-3143252**

Applied For  
 Not Applicable

Zip **32224** Country **US**

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

6. Name and Address of Current Registered Agent

**MCGUIGAN, KATHERINE  
3902 BRAMPTON ISLAND CT. S  
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name: **Helene Thall**

Street Address (P.O. Box Number is Not Acceptable)  
**3959 Brampton Island Ct S.**

City **Jacksonville** State **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 *Helene Thall* DATE 4-2-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE 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	<b>PD MCGUIGAN, KATHERINE 3902 BRAMPTON ISLAND CT. S JACKSONVILLE FL 32224</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PACK, CHERYL 3735 SALTMEADOW CT. S JACKSONVILLE FL 32224</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHESTER, RUTH 13113 WEXFORD HOLLOW RD N JACKSONVILLE FL</b>	<input 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
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	<b>PD Helene Thall 3959 Brampton Island Ct. S. Jacksonville FL 32224</b>	<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
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 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: *Helene Thall*

CR2E037 (10/02)