FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711635 (3)

1. Corporation Name

GFWC SOUTHSIDE WOMAN'S CLUB OF JACKSONVILLE, INC

Principal Place of Business	Mailing Address
2560 CLUB TERRACE JACKSONVILLE FL 32207	2560 CLUB TERRACE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1966
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-0817788 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLLEEN E. FISHER
2600 ART MUSEUM DR.
SUITE 41
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Colleen E. Fisher
82 Street Address (P.O. Box Number is Not Acceptable): 5800 Barnes Rd. S.
83: Apartment # 139
84 City: Jacksonville, Florida FL 85 Zip Code: 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Colleen E. Fisher Colleen E. Fisher Club Secretary 1/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WEBER,VIRGINIA	1.2 NAME	
STREET ADDRESS	1201 INWOOD TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32207	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MCDONALD, ELENORE,	2.2 NAME	D First Vice President
STREET ADDRESS	2434 BURGUNDY COURT	2.3 STREET ADDRESS	Hazen, Tina
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	1192 Montevideo Road Jacksonville, Florida 32216
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS WINNIE	3.2 NAME	D Second Vice President
STREET ADDRESS	5262 RIDGECREST AVE	3.3 STREET ADDRESS	Lewis, Winnie
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	5262 Ridgecrest Avenue Jacksonville, Florida 32207
TITLE	D	4.1 TITLE	X Change ☐ Addition
NAME	PETRILLI, VERA	4.2 NAME	D Third Vice President
STREET ADDRESS	1110 NIGHTINGALE RD	4.3 STREET ADDRESS	Wright, Marian
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	1707 Sprinkle Drive Jacksonville, Florida 32211
TITLE	D	5.1 TITLE	X Change ☐ Addition
NAME	LEITNER, FRANCES,	5.2 NAME	D Fourth Vice President
STREET ADDRESS	4501 MIDDLETON PARK CIR. E.	5.3 STREET ADDRESS	Yochem, Evelyn
CITY-ST-ZIP	JACKSONVILLE FL 32211	5.4 CITY-ST-ZIP	8016 Hogan Road Jacksonville, Florida 32216
TITLE	V	6.1 TITLE	X Change ☐ Addition
NAME	YOCHEM, EVELYN	6.2 NAME	D Recording Secretary
STREET ADDRESS	8016 HOGAN ROAD	6.3 STREET ADDRESS	Sass, Grace
CITY-ST-ZIP	JACKSONVILLE FL #Deposited w/Bank	6.4 CITY-ST-ZIP	1206 Ovington Road Jacksonville, Florida 32216

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia C. Weber Pres. Virginia Weber 1/17/95 904-396-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000(443)