

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 711635 (3)  
1. Corporation Name  
GFWC SOUTHSIDE WOMAN'S CLUB OF JACKSONVILLE, INC



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1966		3a. Date of Last Report 02/15/1995	
21		26		4. FEI Number 59-0817788		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

COLLEEN E. FISHER  
5800 BARNES RD. S.  
APARTMENT #139  
JACKSONVILLE FL 32216

81 Name Colleen E. Keith  
82 Street Address (P.O. Box Number is Not Acceptable)  
3737 Loretto Rd  
83 Apartment #110  
84 City Jacksonville FL 85 Zip Code 32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Colleen E. Keith* Colleen E. Keith Club Secretary 10000017469641  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, VIRGINIA	12 NAME	D Hazen, Tina
STREET ADDRESS	1201 INWOOD TER	13 STREET ADDRESS	1192 Montevideo Road
CITY - ST - ZIP	JAX FL 32207	14 CITY - ST - ZIP	Jacksonville, Florida 32216
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, TINA	22 NAME	D Leitner, Frances
STREET ADDRESS	1192 MONTEVIDEO ROAD	23 STREET ADDRESS	4501 Middleton Park Cir. E.
CITY - ST - ZIP	JACKSONVILLE FL 32216	24 CITY - ST - ZIP	Jacksonville, Florida 32224
TITLE	DV <input type="checkbox"/> DELETE	31 TITLE	Second Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, WINNIE	32 NAME	D Brock, Mary
STREET ADDRESS	5262 RIDGECREST AVENUE	33 STREET ADDRESS	8242 Bengalin Ave.
CITY - ST - ZIP	JACKSONVILLE FL 32207	34 CITY - ST - ZIP	Jacksonville, Florida 32211
TITLE	DV <input type="checkbox"/> DELETE	41 TITLE	Third Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MARIAN	42 NAME	D Wright, Marian
STREET ADDRESS	1707 SPRINKLE DRIVE	43 STREET ADDRESS	1707 Sprinkle Drive
CITY - ST - ZIP	JACKSONVILLE FL 32211	44 CITY - ST - ZIP	Jacksonville, Florida 32211
TITLE	DV <input type="checkbox"/> DELETE	51 TITLE	Fourth Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCHAM, EVELYN	52 NAME	D Yochem, Evelyn
STREET ADDRESS	8016 HOGAN ROAD	53 STREET ADDRESS	8016 Hogan Rd.
CITY - ST - ZIP	JACKSONVILLE FL 32216	54 CITY - ST - ZIP	Jacksonville, Florida 32216
TITLE	DS <input type="checkbox"/> DELETE	61 TITLE	Recording Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASS, GRACE	62 NAME	D Hall, Hazel
STREET ADDRESS	1206 OVINGTON ROAD	63 STREET ADDRESS	7210 Cypress Cove Rd.
CITY - ST - ZIP	JACKSONVILLE FL 32216	64 CITY - ST - ZIP	Jacksonville, Florida 32244

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)(k), 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: *Tina Hazen* President Tina Hazen 1/17/96 (904)396-2905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)