

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
JACKSONVILLE FL 322072560 CLUB TERRACE  
JACKSONVILLE FL 32207-2815

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/18/1966

3a. Date of Last Report

03/18/1996

4. FEI Number

59-0817788

☒ Applied For☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEITH, COLLEEN E  
3737 LORETTO RD  
APARTMENT #110  
JACKSONVILLE FL 32223

81 Name

Keith, Colleen E.

82 Street Address (P.O. Box Number is Not Acceptable)

11229 Kittrell Pines Terrace

83

84 City

Jacksonville

FL

85 Zip Code

32220

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

Club Secretary

1/8/97

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME HAZEN, TINA  
STREET ADDRESS 1192 MONTEVIDEO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 322161.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME D Williamson, Dorothy  
1.3 STREET ADDRESS 5467 N. River Road  
1.4 CITY-ST-ZIP Jacksonville, Florida 32211TITLE 1VPD ☒ DELETE  
NAME LEITNER, FRANCES  
STREET ADDRESS 4501 MIDDLETON PARK CIR. E.  
CITY-ST-ZIP JACKSONVILLE FL 322242.1 TITLE 1VPD ☐ Change ☒ Addition  
2.2 NAME D Lewis, Winifred  
2.3 STREET ADDRESS 5262 Ridgecrest Avenue  
2.4 CITY-ST-ZIP Jacksonville, Florida 32207TITLE 2VPD ☐ DELETE  
NAME BROCK, MARY  
STREET ADDRESS 8242 BENGALIN AVE  
CITY-ST-ZIP JACKSONVILLE FL 322113.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE 3VPD ☒ DELETE  
NAME WRIGHT, MARIAN  
STREET ADDRESS 1707 SPRINKLE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 322114.1 TITLE 3VPD ☒ Change ☐ Addition  
4.2 NAME D Yochem, Evelyn  
4.3 STREET ADDRESS 8016 Hogan Road  
4.4 CITY-ST-ZIP Jacksonville, Florida 32216TITLE 4VPD ☒ DELETE  
NAME YOCHER, EVELYN  
STREET ADDRESS 8016 HOGAN RD  
CITY-ST-ZIP JACKSONVILLE FL 322165.1 TITLE RS ☐ Change ☒ Addition  
5.2 NAME D Starling, Erda  
5.3 STREET ADDRESS 3354 Excalibur Way  
5.4 CITY-ST-ZIP Jacksonville, Florida 32223TITLE RS ☒ DELETE  
NAME HALL, HAZEL  
STREET ADDRESS 7210 CYPRESS COVE RD  
CITY-ST-ZIP JACKSONVILLE FL 322446.1 TITLE T ☐ Change ☒ Addition  
6.2 NAME D Stancil, Kathleen  
6.3 STREET ADDRESS 5348 Santa Rosa Way  
6.4 CITY-ST-ZIP Jacksonville, Florida 32211

14. I do 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 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: Dorothy Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 904-396-2905

CR2E037 (9/96)