

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90060 010 ****61.25

DOCUMENT # 711635

1. Entity 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 FLA 32207-2815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0817788

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTON, MARSHA M
 2521 BREMEN CT
 JACKSONVILLE FL 32216**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Marsha M. Minton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	3VPD	<input type="checkbox"/> Delete
NAME	DUCHTMAN, DEEORES	
STREET ADDRESS	10910 DOVER COVE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, WINIFRED	
STREET ADDRESS	5262 RIDGECREST AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FOURAKER, POLLY	
STREET ADDRESS	2762 SUNNYBROOK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETRILLI, VERA	
STREET ADDRESS	1110 NIGHTINGALE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	4VPD	<input type="checkbox"/> Delete
NAME	MAVIS, DON	
STREET ADDRESS	5352 GOLF COURSE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	STARLING, ERDA	
STREET ADDRESS	3354 EXCALIBUR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	3VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, MYRTLE	
STREET ADDRESS	2623 LYNNHAVEN TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	4VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDBURY, RUTH	
STREET ADDRESS	2420 TEBASSA ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEES, ELLIE	
STREET ADDRESS	159 HAMMOCK WAY	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Winifred E. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

(904) 396-7983

Daytime Phone #

CR2E037 (9/99)