

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 032 ****61.25

DOCUMENT # 711635

1. Entity Name

GFWC SOUTHSIDE WOMAN'S CLUB OF JACKSONVILLE, INC.



Principal Place of Business

**2560 CLUB TERRACE
JACKSONVILLE FL 32207**

Mailing Address

**2560 CLUB TERRACE
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0817788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINTON-PETRILLI, VERA
1110 NIGHTINGALE RD
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

1/23/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **MINTON-PETRILLI, VERA**
CITY-ST-ZIP **2560 CLUB TERRACE
JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME **1V**
STREET ADDRESS **FRANKENBERG, HELLEN**
CITY-ST-ZIP **2560 CLUB TERRACE
JACKSONVILLE FL 32207**

TITLE ☒ Delete
NAME **3V**
STREET ADDRESS **BROWN, EDNA**
CITY-ST-ZIP **2560 CLUB TERRACE
JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FOURAKER, PAULINE G**
CITY-ST-ZIP **2560 CLUB TERRACE
JACKSONVILLE FL 32207**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **LEWIS, WINIFRED**
CITY-ST-ZIP **2560 CLUB TERRACE
JACKSONVILLE FL 32207**

TITLE ☒ Delete
NAME **2V**
STREET ADDRESS **LUCHTMAN, DELORES**
CITY-ST-ZIP **2560 CLUB TERRACE
JACKSONVILLE FL 32207**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Ierna, Mary**
STREET ADDRESS **2560 Club Terrace**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VEES, ELLIE**
STREET ADDRESS **2560 Club Terrace**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Change ☒ Addition
NAME **LEWIS, WINNIE**
STREET ADDRESS **2560 Club Terrace**
CITY-ST-ZIP **Jacksonville, FL 32207**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Vera Minton-Petrilli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/06**
Daytime Phone #