2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 711635

Entity Name: GFWC SOUTHSIDE WOMAN'S CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

2560 CLUB TERRACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2560 CLUB TERRACE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0817788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKENBERG, HELEN
8402 HOGAN RD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BUSHOR, PATRICIA D MRS.
9941 WATSON DRIVE WEST
JACKSONVILLE, FL 32217 US

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: PATRICIA D. BUSHOR 03/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: IV ( ) Delete
Name: KAUFFMAN, VIRGINIA
Address: 2560 CLUB TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete
Name: FRANKENBERG, HELEN
Address: 2560 CLUB TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete
Name: LEAKE, VERMER
Address: 2560 CLUB TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IV (X) Change ( ) Addition
Name: LEWIS, WINNIE
Address: 2560 CLUB TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P (X) Change ( ) Addition
Name: BUSHOR, PATRICIA D
Address: 2560 CLUB TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA D. BUSHOR P 03/10/2009
Electronic Signature of Signing Officer or Director Date