2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714293

FILED Apr 06, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

631 OAK ST.

JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

631 OAK ST 630 MAY ST

JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204

FEI Number: 59-0700465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLDANO, ALICE 1238 THE GROVE ROAD ORANGE PARK, FL 32073 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete OLDENO, ALICE OLDANO, ALICE Name: Name: 1238 THE GROVE RD Address: 1238 THE GROVE RD Address:

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073

Title: DV Title: DV (X) Change () Addition () Delete KATES, CAROLYN Name: SWAN, LINDA Name:

Address: 1207 JAMAICA CT Address: 2473 LOFBERG DR. JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32216

Title: DV Title: (X) Change () Addition () Delete

EATON, D.H. STOREY, LINDA Name: Name: 2728 ANNETTE CIRCLE 7011 HOLIDAY RD. N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

() Delete Title: DV Title: DV (X) Change () Addition

SWAN, LINDA Name: Name: LEGANT, ROSE MARIE Address: 2473 LOFBERG DR Address: 13364 BEACH BLVD. #217 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: (X) Change () Addition

ROBINSON, SANDY KATES, CAROLYN Name: Name: 5686 FT. SUMTER ROAD 1207 JAMAICA CT. Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32210 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: ALICE OLDANO Ρ 04/06/2009