

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90051 040 ****61.25

DOCUMENT # 717936

1. Entity Name

ZONTA CLUB OF JACKSONVILLE, INC.



Principal Place of Business

**1155 13TH ST N
JACKSONVILLE BEACH FL 32250
US**

Mailing Address

**1155 13TH ST N
JACKSONVILLE BEACH FL 32250
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

71-7936261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, CATHERINE
1155 13TH ST N
JACKSONVILLE BEACH FL 32250**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	BELL, BARBARA	
STREET ADDRESS	5544 ADA JOHNSON RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALVATORE, LYNN	
STREET ADDRESS	1853 POWELL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNETT, CATHERINE	
STREET ADDRESS	1155 13TH STREET N	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MELANIE, DO	
STREET ADDRESS	1229 9TH ST N	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVATORE, CHRISTINA	
STREET ADDRESS	1266 HOLLYWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, LINDA	
STREET ADDRESS	6039 CARLA COURT.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bell, Barbara Vice President	
STREET ADDRESS	Bell, Barbara	
CITY-ST-ZIP	5544 Ada Johnson Rd Jacksonville, FL 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacobs, Cynthia	
STREET ADDRESS	1842 Powell Place	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Melanie Do	
CITY-ST-ZIP	1229 9th St. N. Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Schorr, Patricia	
CITY-ST-ZIP	2406 Covington Creek Cir. W. Jacksonville, FL 32224	

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:

Catherine H. Bennett - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05 904-388-5002