2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 717936

Entity Name: ZONTA CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

PMB #181
4495 ROOSEVELT BLVD., STE. 304
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

PMB #181
4495 ROOSEVELT BLVD., STE. 304
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 71-7936261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVATORE, LYNN M
1853 POWELL PLACE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BROWN, MARGENE	
Address:	4384 BATTLECREEK CT. W.	
City-St-Zip:	JACKSONVILLE, FL 32258 US	
Title:	VP	( ) Delete
Name:	JACOBS, CYNTHIA	
Address:	1842 POWELL PLACE	
City-St-Zip:	JACKSONVILLE, FL 32205 US	
Title:	T	( ) Delete
Name:	SALVATORE, TERRELL W	
Address:	1526 COPELAND ST.	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	S	( ) Delete
Name:	VEES, ELEANOR	
Address:	7938 MONTEREY BAY DR.	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	D	( ) Delete
Name:	SALVATORE, CHRISTINA L	
Address:	1266 HOLLYWOOD AVE.	
City-St-Zip:	JACKSONVILLE, FL 32205 US	
Title:	D	( ) Delete
Name:	SALVATORE, LYNN M	
Address:	1853 POWELL PLACE	
City-St-Zip:	JACKSONVILLE, FL 32205 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN M SALVATORE D 01/08/2007

Electronic Signature of Signing Officer or Director — Date