

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90215 014 \*\*\*\*61.25

0004278

**DOCUMENT # 717936**

1. Entity Name

**ZONTA CLUB OF JACKSONVILLE, INC.**



Principal Place of Business

**6098 ROBBINS CIR S  
JACKSONVILLE FL 32211  
US**

Mailing Address

**6098 ROBBINS CIR S  
JACKSONVILLE FL 32211  
US**

**10000987**

2. Principal Place of Business

**1155 13th St. N.**

Suite, Apt. #, etc.

3. Mailing Address

**1155 13th St. N.**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Jacksonville Beach, FL**

Zip  
**32250**

Country  
**USA**

City & State

**Jacksonville Beach, FL**

Zip  
**32250**

Country  
**USA**

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

**HAMILTON, SUE  
6098 ROBBINS CIR S  
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name **Catherine Bennett**

Street Address (P.O. Box Number is Not Acceptable)

**1155 13th St. N.**

City **Jacksonville Beach, FL**

Zip Code  
**32250**

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

*Catherine Bennett*

**Catherine Bennett**

**4/8/03**

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEBSTER, REBECCA 4705 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FLEMING, LINDA 7841 POCITA CT JAX FL 32258</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HAMILTON, SUE 6098 ROBBINS CIR S JACKSONVILLE FL 32211</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MELANIE, DO 1229 9TH ST N JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLOVER, NICKI 2741 MERRIL BLVD JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOORE, NANCY 2634 HUGH EDWARD DR JACKSONVILLE FL 32210</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director De Joy Pace 4204 Blanding Blvd. Jacksonville, FL 32210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Lynn Salvatore 1853 Powell Place Jacksonville, FL 32205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Catherine Bennett 1155 13th St. N. Jacksonville Beach, FL 32250</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Linda Wright 6039 Carla Court Jacksonville, FL 32244-2536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Bennett* **Catherine Bennett**

**4/8/03 904-388-5002**

CR2E037 (10/02)