

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90084 034 ****61.25

DOCUMENT # 740960

1. Entity Name

JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

109 FERROL ROAD
 ST. AUGUSTINE FL 32092
 US

P.O. BOX 3925
 ST. AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1817881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEFKER, SCHUYLER
704 ALDEN WAY
ST. AUGUSTINE FL 32086

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TIMMONS, SUSAN	
STREET ADDRESS	109 FERROL ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIEFKER, SCHUYLER	
STREET ADDRESS	704 ALDEN WAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, KARI	
STREET ADDRESS	116 B. 1ST STREET	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE CARSON	
STREET ADDRESS	48 OSCEOLA ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly O'Connell	
STREET ADDRESS	1091 Mindello Ave	
CITY-ST-ZIP	St. Augustine, FL. 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Hall	
STREET ADDRESS	304 Cambridge Ct	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: DIANE CARSON DATE: 3.12.02 DAYTIME PHONE #: 904-829-5578