

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741573

1. Entity Name

THE GFWC JUNIOR WOMAN'S CLUB OF JACKSONVILLE, IN

Principal Place of Business

4518 MILSTEAD RD
JACKSONVILLE FL 32210
US

Mailing Address

PO BOX 7998
JACKSONVILLE FL 32238-0998
US

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

59-1842333

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JANIE ADE
5316 CLIFTON RD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Wynette Morris

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

3638 Gilmore Heights Rd. N.

City Jacksonville

FL

Zip Code

32225

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

Wynette Morris

Wynette Morris

4-26-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KIM	
STREET ADDRESS	10313 MARBLE EGRET DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, WYNETTE	
STREET ADDRESS	3638 GILMORE HEIGHTS RD. NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAMBERS, DAWNE	
STREET ADDRESS	4170 KELLY LEE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ORTH, BECKY	
STREET ADDRESS	4350 JIGGERMAST AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Morgan	
STREET ADDRESS	3638 Gilmore Heights Rd. N.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debi Chastain	
STREET ADDRESS	10550-113 Baymeadows Rd.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	TD	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Wynette Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

730-5770

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90080 041 ****61.25