

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 08:00 AM****Secretary of State****DOCUMENT # 741573****1. Entity Name**

THE GFWC JUNIOR WOMAN'S CLUB OF JACKSONVILLE, INC.

Principal Place of Business

4518 MILSTEAD RD

JACKSONVILLE

32210

US

FL

Mailing Address

PO BOX 7998

JACKSONVILLE

32238

US

FL

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

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**MORRIS WYNETTE
3638 GILMORE HEIGHTS RD. N.

JACKSONVILLE

32225

US

FL

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 **WYNETTE MORRIS****05/02/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	ID	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/> Delete	CHAMBERS DAWNE	4170 KELLY LEE DR.	JACKSONVILLE FL 32224		
	<input type="checkbox"/> Delete	VPD CHASTAIN DEBI	10550-113 BAYMEADOWS RD	JACKSONVILLE FL 32256		
	<input type="checkbox"/> Delete	PD MORGAN NORMA	3638 GILMORE HEIGHTS RD. N.	JACKSONVILLE FL 32225		
	<input type="checkbox"/> Delete					
	<input type="checkbox"/> Delete					
	<input type="checkbox"/> Delete					
	<input type="checkbox"/> Delete					
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	<input type="checkbox"/> Delete					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DEBI CHASTAIN

VP

05/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)