


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91025 042 ****61.25

DOCUMENT # 741573 1. Entity Name THE GFWC JUNIOR WOMAN'S CLUB OF JACKSONVILLE, INC.					
Principal Place of Business 4518 MILSTEAD RD JACKSONVILLE, FL 32210 US			Mailing Address PO BOX 7998 JACKSONVILLE, FL 32238 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHASTAIN, DEBI 10550-113 BAYMEADOWS RD JACKSONVILLE, FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRILLOFF, TRESSA		NAME		
STREET ADDRESS	1496 KATHLEEN WAY		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHASTAIN, DEBI		NAME		
STREET ADDRESS	10550-113 BAYMEADOWS RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	D2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODTLAND, RHONDA		NAME		
STREET ADDRESS	4423 AUTUMN RIVER RD E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICKER, JANET		NAME		
STREET ADDRESS	9820 CREEKFRONT RD #505		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKINNER, LATONYA		NAME	S Wright, Leigh	
STREET ADDRESS	7701 TIMBERLIN PK RD #637		STREET ADDRESS	1527 W Laura St	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jax, FL 32206	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Janet Ricker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/28/04</i> Daytime Phone #: <i>904/905-7023</i>		