


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90054 050 ****61.25

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| DOCUMENT # 741573 | |  |
| 1. Entity Name THE GFWC JUNIOR WOMAN'S CLUB OF JACKSONVILLE, INC. | | |

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| Principal Place of Business 4518 MILSTEAD RD JACKSONVILLE, FL 32210 US | Mailing Address PO BOX 7998 JACKSONVILLE, FL 32238 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01222006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RICKARD, SUSAN 1424 BISCAYNE BAY DRIVE JACKSONVILLE, FL 32218 | | Name Debi Chastain Street Address (P.O. Box Number is Not Acceptable) 7464 Scarlet Ibis Ln City Jacksonville FL Zip Code 32256 | |

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 Debi Chastain DATE 2/1/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2006 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KIRILLOFF, TRESSA 1496 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Debi Chastain 7464 Scarlet Ibis Ln Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CHASTAIN, DEBI 7464 SCARLET IBIS LANE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1st Vice President Sharyl Mitchell 11241 Campbell Circle Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D1VP GOTTLAND, RHONDA 9298 CASTLEBAR GLEN DRIVE JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd Vice President Shannon Kelly 8800 Harpers Glen Ct. Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RICKARD, SUSAN 1424 BISCAYNE BAY DRIVE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Kelly Hall 4652 Meadow Run Pl Jacksonville, FL 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Carol Hamilton 8155 Madeira Dr Jacksonville, FL 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 DATE 2/1/2006 904 614 5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR