2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# 741573

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

Current Principal Place of Business:

4518 MILSTEAD RD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

1424 BISCAYNE BAY DRIVE
JACKSONVILLE, FL 32218 US

Current Mailing Address:

PO BOX 7998
JACKSONVILLE, FL 32238 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICKARD, SUSAN
1424 BISCAYNE BAY DRIVE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KELLY, SHANNON	
Address:	8800 HARPERS GLEN CT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	DP	( ) Delete
Name:	CHASTAIN, DEBI	
Address:	7464 SCARLET IBIS LANE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	1VP	( ) Delete
Name:	PAQUIN, SHARON	
Address:	127 B 13TH AVENUE SOUTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	2VP	( ) Delete
Name:	WRIGHT, LEIGH	
Address:	1527 N LAURA STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	T	( ) Delete
Name:	RICKARD, SUSAN	
Address:	1424 BISCAYNE BAY DR.	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	S	( ) Delete
Name:	HAMILTON, CAROL	
Address:	8155 MADEIRA DR	
City-St-Zip:	JACKSONVILLE, FL 32217	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	CHASTAIN, DEBI	
Address:	7464 SCARLET IBIS LANE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M RICKARD T 05/08/2009
Electronic Signature of Signing Officer or Director — Date