2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90085 042 ****70.00

DOCUMENT # 743614

1. Entity Name

INSURANCE WOMEN OF JACKSONVILLE, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 19776 JACKSONVILLE FL 32245-9776	P.O. BOX 19776 JACKSONVILLE FL 32245-9776

1st MOORE CR2E037 (10/04)

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 59-6211656 ☐ 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
HARLEY, KATHERINE E 2441 LAKE LUCINA DRIVE NORTH JACKSONVILLE FL 32211-3995	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALDO, PENNY 5325 RIDGECREST AVE JACKSONVILLE FL 32207	☒ Delete	PD WRIGHT LINDE; NANCY 118 GRAN CREEK CT. S. JACKSONVILLE FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED WRIGHT LINDE, NANCY 11848 GRAN CRIQUE CT. SOUTH JACKSONVILLE FL 32223	☒ Delete	VP WALDO; PENNY 5325 RIDGECREST AVE. JACKSONVILLE FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FARISH, JANE 12333 VALPARISO TRAIL JACKSONVILLE FL 32223	☒ Delete	SD BUTTERMORE; JEAN 3591 CHAPPI WAY JACKSONVILLE FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOYKIN, KATHY 11324 RUSTIC PINES CIRCLE JACKSONVILLE FL 32257	☒ Delete	TD HARLEY; KATHERINE 2441 LAKE LUCINA DR. N. JACKSONVILLE FL 32211	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARLEY, KATHERINE E 2441 LAKE LUCINA DRIVE NORTH JACKSONVILLE FL 32211	☐ Delete	D WALTON; CHARLIE MAE 2820 ANASTASIA DRIVE JACKSONVILLE FL 32217-2741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D BOYKIN; KATHY 11324 RUSTIC PINES CIRCLE JACKSONVILLE FL 32257	☒ Change ☐ Addition

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: KATHERINE E. HARLEY Katherine E. Harley 2-22-05 (904) 743-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #