

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90026 043 \*\*\*\*70.00

**DOCUMENT # 743614**

1. Entity Name

**INSURANCE WOMEN OF JACKSONVILLE, FLORIDA,  
INCORPORATED**



Principal Place of Business

P.O. BOX 19776  
JACKSONVILLE FL 32245-9776

Mailing Address

P.O. BOX 19776  
JACKSONVILLE FL 32245-9776



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

**HARLEY, KATHERINE E  
2441 LAKE LUCINA DRIVE NORTH  
JACKSONVILLE FL 32211-3995**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when revalidating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE PD ☒ Delete  
NAME WRIGHT LINDE, NANCY  
STREET ADDRESS 118 GRAN CREEK CT S.  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VP ☒ Delete  
NAME WALDO, PENNY  
STREET ADDRESS 5325 RIDGECREST AV  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD ☒ Delete  
NAME BUTTERMORE, JEAN  
STREET ADDRESS 3591 CHAPPI WAY  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE TD ☒ Delete  
NAME HARLEY, KATHERINE  
STREET ADDRESS 2441 LAKE LUCINDA DR N.  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD ☐ Delete  
NAME HARLEY, KATHERINE E  
STREET ADDRESS 2441 LAKE LUCINA DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Delete  
NAME WALTON, CHARLIE MAE  
STREET ADDRESS 2820 ANASTASIA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32217-2741

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME WALDO, PENNY  
STREET ADDRESS 5325 RIDGECREST AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VPD ☐ Change ☒ Addition  
NAME SPENCER, JANET LYNNE  
STREET ADDRESS 10010 BELLE RIVE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE SD ☐ Change ☒ Addition  
NAME BOYKIN, KATHY  
STREET ADDRESS 11324 RUSTIC PINES CIRCLE  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE TD ☐ Change ☐ Addition  
NAME HARLEY, KATHERINE E.  
STREET ADDRESS 2441 LAKE LUCINA DR. N.  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D ☐ Change ☐ Addition  
NAME WALTON, CHARLIE MAE  
STREET ADDRESS 2820 ANASTASIA DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32217

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KATHERINE E. HARLEY

*Katherine E. Harley* 3-18-06