2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90017 003 ****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 (10/06)

2. Principal Place of Business - No P.O. Box #	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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	PD PELDO, PENNY 5325 RIDGECREST AVE JACKSONVILLE FL 32207	☒ Delete	PD SPENCER, JANET L. 10010 BELLE RIVE BLVD. JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SPENCER, JANET L 10010 BELLE RIVE BLVD JACKSONVILLE FL 32256	☒ Delete	VPD FARISH, JANE W. 12333 VALPARISO TRAIL JACKSONVILLE, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOYKIN, KATHY 11324 RUSTIC PINES CIR JACKSONVILLE FL 32257	☒ Delete	SD ANDERSON, AMELIA 327 SCARLET BUGLER LANE S. JACKSONVILLE, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARLEY, KATHERINE 2441 LAKE LUCINA DR N JACKSONVILLE FL 32211	☐ Delete	TD HARLEY, KATHERINE 2441 LAKE LUCINA DR. N. JACKSONVILLE, FL 32211	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTON, CHARLIE M 2820 ANASTASIA DR JACKSONVILLE FL 32217	☐ Delete	D WALTON, CHARLIE M. 2820 ANASTASIA DRIVE JACKSONVILLE, FL 32217	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTON, CHARLIE MAE 2820 ANASTASIA DRIVE JACKSONVILLE FL 32217-2741	☒ Delete		☐ Change ☐ Addition

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 2-27-07 (904)7435162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #