

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743614

FILED
Apr 20, 2009
Secretary of State

Entity Name: INSURANCE WOMEN OF JACKSONVILLE, FLORIDA, INCORPORATED

Current Principal Place of Business:

9310 OLD KINGS RD. S. #301
JACKSONVILLE, FL 32257

New Principal Place of Business:

6676 CORPORATE CENTER PARKWAY
JACKSONVILLE, FL 32216 US

Current Mailing Address:

P.O. BOX 19776
JACKSONVILLE, FL 322459776

New Mailing Address:

P.O. BOX 19776
JACKSONVILLE, FL 322459776 US

FEI Number: 59-6211656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDE, NANCY W
9310 OLD KINGS RD. S. #301
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

WALLACE, LINDA K PD
2941 LORAN DRIVE EAST
JACKSONVILLE, FL 322167811 US

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: LINDA KAY WALLACE

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPENCER, JANET L
Address: 10010 BELLE RIVE BLVD. #101
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Delete
Name: WALLACE, LINDA K
Address: 2941 LORAN DRIVE E.
City-St-Zip: JACKSONVILLE, FL 322167811

Title: SD () Delete
Name: ANDERSON, AMELIA
Address: 327 SCARLET BUGLER LANE S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD (X) Delete
Name: LINDE, NANCY W
Address: 11848 GRAN CRIQUE CT. S.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: WALTON, CHARLIE M
Address: 2820 ANASTASIA DR
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLACE, LINDA K PD
Address: 2941 LORAN DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 322167811 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: VARGAS, JOANA SD
Address: 12451 REMLER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALTON, CHARLIE M D
Address: 2820 ANASTASIA DR
City-St-Zip: JACKSONVILLE, FL 32217 US

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: LINDA KAY WALLACE

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date