

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90163 006 \*\*\*\*61.25

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FARISH, JANE CPAW**  
**1233 VALPARISO TRAIL**  
**JACKSONVILLE FL 32223**  
**ROSLYN WATKINS**  
**6512 LOM DRIVES**  
**JACKSONVILLE, FL 32216**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/17/03**

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOYKIN, KATHY 11324 RUSTIE PINE CIR JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TADROS, EVELYN 13998 CAPTAIN HOOD DR N JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SMITH, JOCELYN 12227 ROCHFORD LANE JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO HAYSLIP, DONNA 273 N MILL VIEW WAY PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSO CARR, DIANA 5446 HICKSON RD JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO FARISH, JANE 12333 VALPARISO TRAIL JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JOCELYNN SMITH, AIS, CPAW</b> <b>12227 ROCHFORD LANE</b> <b>JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ELECT</b> <b>EVELYN TADROS, JD, AIS, CPAW</b> <b>13998 CAPTAIN HOOD DR N</b> <b>JACKSONVILLE FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>PENNY WALSH, AIS, CPAW</b> <b>5325 RINGBROOK AVE</b> <b>JACKSONVILLE FL 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RECORDING SECRETARY</b> <b>MARY HANNON</b> <b>1101 OAKVALE RD</b> <b>JACKSONVILLE FL 32254</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CORRESPONDING SECRETARY</b> <b>DONNA HAYSLIP, CPAW</b> <b>273 N. MILLVIEW WAY</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>ROSLYN WATKINS</b> <b>6512 LOM DRIVES</b> <b>JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*[Signature]*  
**SIGNATURE REQUIRED**

**3/17/03**

**(904) 296-6105**

CR2E037 (10/02)