

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90063 034 ****61.25

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04112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000000959 1. Entity Name JACKSONVILLE WOMEN'S NETWORK, INC.					
Principal Place of Business 4329 JOHNS CEMETERY ROAD MIDDLEBURG, FL 32068			Mailing Address 4329 JOHNS CEMETERY ROAD MIDDLEBURG, FL 32068		
2. Principal Place of Business Po Box 47078 Suite, Apt. #, etc.		3. Mailing Address Po Box 47078 Suite, Apt. #, etc.		4. FEI Number 20-0678921 Applied For <input type="checkbox"/> Not Applicable	
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32247		Zip 32247			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, PATTI L 4329 JOHNS CEMETERY ROAD MIDDLEBURG, FL 32068				7. Name and Address of New Registered Agent Name Carol Baumer Street Address (P.O. Box Number is Not Acceptable) 1820 Barrs St. City Jacksonville FL Zip Code 32204	
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 <u><i>Carol B. Baumer</i></u> Carol Baumer 4-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> Delete ADAMS, AFESA 4567 ST JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President- D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carol Baumer Po Box 47078 Jax, FL 32247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BAUMER, CAROL 1820 BARRS ST STE 5460AD SOUTH JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President- D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Judy Hall Po Box 47078 Jax, FL 32247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BURNS, SUSAN 4448 HENDRICKS AVE JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary- D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Emily Lisska Po Box 47078 Jax, FL 32247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHASSMAN, PEG P O BOX 23644 JACKSONVILLE, FL 322413644	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer- D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeanne Maron Po Box 47078 Jax, FL 32247		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHASSMAN, PEG 21 W CHURCH ST JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u><i>Carol B. Baumer</i></u> Carol Baumer 4-11-05 (904)308-2020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					