
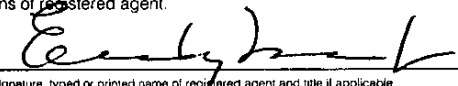
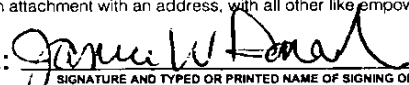


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 047 ****61.25

DOCUMENT # N04000000959 1. Entity Name JACKSONVILLE WOMEN'S NETWORK, INC.					
Principal Place of Business PO BOX 47078 JACKSONVILLE, FL 32247			Mailing Address PO BOX 47078 JACKSONVILLE, FL 32247		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LISSKA, EMILY 317 A PHILIP RANDOLPH BLVD. JACKSONVILLE, FL 322-029y			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Emily Lisska <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-6-08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISSKA, EMILY		NAME	Peg Chassman	
STREET ADDRESS	PO BOX 47078		STREET ADDRESS	PO Box 47078	
CITY - ST - ZIP	JACKSONVILLE, FL 32247		CITY - ST - ZIP	Jax, FL 32247	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHASSMAN, PEG		NAME	Janice Donaldson	
STREET ADDRESS	PO BOX 47078		STREET ADDRESS	PO Box 47078	
CITY - ST - ZIP	JACKSONVILLE, FL 32247		CITY - ST - ZIP	Jax, FL 32247	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, GEORGIA		NAME		
STREET ADDRESS	PO BOX 47078		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32247		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILELLO, LORI		NAME		
STREET ADDRESS	PO BOX 47078		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32247		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Janice Donaldson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-6-08 <small>Date</small>	
				904 994-7355 <small>Daytime Phone #</small>	