

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000959

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE WOMEN'S NETWORK, INC.

**Current Principal Place of Business:**

PO BOX 47078  
JACKSONVILLE, FL 32247

**New Principal Place of Business:**

4329 JOHNS CEMETERY RD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

PO BOX 47078  
JACKSONVILLE, FL 32247

**New Mailing Address:**

FEI Number: 20-0678921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LISSKA, EMILY  
317 A PHILIP RANDOLPH BLVD.  
JACKSONVILLE, FL 322029y US

**Name and Address of New Registered Agent:**

LISSKA, EMILY  
317 A PHILIP RANDOLPH BLVD.  
JACKSONVILLE, FL 322029Y 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: EMILY LISSKA

01/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHASSMAN, PEG  
Address: PO BOX 47078  
City-St-Zip: JACKSONVILLE, FL 32247

Title: VPD ( ) Delete  
Name: DONALDSON, JANICE  
Address: PO BOX 47078  
City-St-Zip: JACKSONVILLE, FL 32247

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: REED, GEORGIA  
Address: PO BOX 47078  
City-St-Zip: JACKSONVILLE, FL 32247

Title: VP (X) Change ( ) Addition  
Name: DAVIS, BETTY A  
Address: PO BOX 47078  
City-St-Zip: JACKSONVILLE, FL 32247

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: BETTY A. DAVIS

VP

01/24/2009

Electronic Signature of Signing Officer or Director

Date