

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N51151** (1)

1. Corporation Name

**WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY CLUB, INC.**



Principal Place of Business

Mailing Address

3851 COOPERS LAKE RD  
JACKSONVILLE FL 32224  
US

3851 COOPERS LAKE RD  
N/A  
JACKSONVILLE FL 32224  
US

3. Date Incorporated or Qualified  
**10/05/1992**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-3143252**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ULBRICH, ROBERT G.  
6802 N MAIN ST  
JACKSONVILLE FL 32208**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                 |                                 |
|-----------------|---------------------------------|---------------------------------|
| TITLE           | <b>PD</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>NERO, GERALDINE</b>          |                                 |
| STREET ADDRESS  | <b>3851 COOPERS LAKE RD</b>     |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE           | <b>VP</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>BUCHER, DIANA</b>            |                                 |
| STREET ADDRESS  | <b>12856 QUAILBROOK DR</b>      |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE           | <b>T</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>SMITH, ANN E</b>             |                                 |
| STREET ADDRESS  | <b>3842 CRICKET COVE RD., E</b> |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE           | <b>SD</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>ALPHEN, BETH J</b>           |                                 |
| STREET ADDRESS  | <b>12826 QUAILBROOK DR</b>      |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann E. Smith Ann E. Smith 4/26/96 904-223-5549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)