

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

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 32224-8436 US

3. Date Incorporated or Qualified 10/05/1992  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 3842 Cricket Cove Rd.E 26 3842 Cricket Cove Rd.E  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 Jacksonville, Fla. 28 Jacksonville, Fla.  
24 32224 25 Duval 29 32224 30 Duval

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

10. Name and Address of New Registered Agent  
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  
TITLE PD NERO, GERALDINE DELETE  
NAME NERO, GERALDINE  
STREET ADDRESS 3851 COOPERS LAKE RD  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE VP BUCHER, DIANA DELETE  
NAME BUCHER, DIANA  
STREET ADDRESS 12856 QUAILBROOK DR  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE T SMITH, ANN E DELETE  
NAME SMITH, ANN E  
STREET ADDRESS 3842 CRICKET COVE RD., E  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE SD ALPHEN, BETH J DELETE  
NAME ALPHEN, BETH J  
STREET ADDRESS 12826 QUAILBROOK DR  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD Julie Haught Change Addition  
1.2 NAME Julie Haught  
1.3 STREET ADDRESS 13031 Huntley Manor Dr.  
1.4 CITY-ST-ZIP Jacksonville, Fla. 32224  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE SD Linda Davis Change Addition  
4.2 NAME Linda Davis  
4.3 STREET ADDRESS 3979 Cattail Pond Dr.  
4.4 CITY-ST-ZIP Jacksonville, Fla. 32224  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] REQUIRED 4/29/97 904 223-5349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008019

CR2E037 (9/96)