


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51151</b>	
1. Entry Name WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY CLUB, INC.	

Principal Place of Business JACKSONVILLE GOLF & COUNTRY CLUB 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224 US	Mailing Address JACKSONVILLE GOLF & COUNTRY CLUB 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224 US
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3143252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THALL, HELENE  
 3959 BRAMPTON ISLAND CT. 5  
 JACKSONVILLE, FL 32224

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000124841  
 04/22/04-80059-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THALL, HELENE 3959 BRAMPTON ISLAND CT. 5 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PACK, CHERYL 3735 SALTMEADOW CT. S JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHESTER, RUTH 13113 WEXFORD HOLLOW RD N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Cheryl Pack Cheryl Pack 4-19-04 904-233-5431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #