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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # N9600001859

1. Corporation Name

DEAF WOMEN'S CLUB OF JACKSONVILLE, INCORPORATED

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90059 030 \*\*\*\*61.25

Dringinal Diago	e of Rusiness		Mailing Addres								
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7306 ARBLE DRIVE JACKSONVILLE FL 32211			JACKSONVILLE FL 32211								
DADROUTILL 12 02211									<b>08</b> 101    1400    1010    101	## #### #####	
			T.O				3 Data Incorporated a	r Qualifod			
2. Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualifed 04/05/1996				
21			26 Suite Ant # etc				4. FEI Number Applied For				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				,	59-3378884 Not Applicable			
City & State			City & State				33 001 0004		\$8.75 A		
City & State			<b>⊢</b> '			5. Certifcate of Status	Desired 🔲	Fee Red			
7in	Zip Country			Zip Country			6. Election Campaign I	Financing —	\$5.00	May Be	
<del>_</del> '	25	29 30			Trust Fund Contribution Added to Fees						
24	9. Name and Add	dress of Current I			1		10. Name and Address	of New Registere	ed Agent		
					81	Name					
OCTOOLIT	CAROLVNIL				82	Street A	Idraes (P.O. Boy Number is N	ot Accentable)			
OSTROUT, CAROLYN H 7306 ARBLE DRIVE			82			Sueel A	eet Address (P.O. Box Number is Not Acceptable)				
	IVILLE FL 32211				83						
JACKSON	MILLE FL SEETT				84	City			85 Zip C	ode	
									<b>'L</b>   <u> </u>		
11. Pursuant	to the provisions of S	ections 617.0502	and 617.1508, Flo	rida Statutes,	the above	-named co	orporation submits this statem ation's board of directors. I he	ent for the purpose	of changing its	registered	
office or re	registered agent, or b im familiar with, and a	oth, in the State of accept the obligation	ns of, Section 61.	inge was autri 7,µ0503,, Ekofida	a Statutes	e corpor	audit a poziti di directora. I ne	taby accept the up	pomanom do ros	,	
SIGNATURE										}	
Signature, typed or printed name of registered agent and the				(NOTE: Re		t signature req	uired when reinstating) ADDITIONS/CHANG	DATE	AND DIRECTO	DS IN 12	
12.	r	OFFICERS AND		DELETE	13.		ADDITIONS/CHANG	ES TO OFFICERS	☐ Change	Addition	
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							•			j	
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		VE		DOLETE	1.3 STREET				□ Change	□ Addition	
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14. I 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, with all other like empowered.

SIGNATURE: