

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90025 017 ****61.25

DOCUMENT # N96000001859

1. Entity Name

**DEAF WOMEN'S CLUB OF JACKSONVILLE,
INCORPORATED**



Principal Place of Business

**7306 ARBLE DRIVE
JACKSONVILLE FL 32211**

Mailing Address

**7306 ARBLE DRIVE
JACKSONVILLE FL 32211**

50017078



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3378884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTROUT, CAROLYN H
7306 ARBLE DRIVE
JACKSONVILLE FL 32211**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OSTROUT, CAROLYN H	
STREET ADDRESS	7306 ARBLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, AUDREY	
STREET ADDRESS	9031 DANDY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, PHYLLIS	
STREET ADDRESS	1641 PINE GROVE AVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODALL, CAROL	
STREET ADDRESS	10634 JOLYNN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHERWINSKI, LOIS	
STREET ADDRESS	317 SANTA CLARA CIRCLE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn H OstROUT 2/14/05 904-744-0866

Date

Daytime Phone #