

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90198 048 ****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

1/21/03

FILE NOW: FEE IS \$61.25

**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** ☐ Delete
NAME **OSTROUT, CAROLYN H**
STREET ADDRESS **7306 ARBLE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
NAME **FRASER, AUDREY**
STREET ADDRESS **9031 DANDY AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
NAME **PARKER, SARAH**
STREET ADDRESS **2814 PARK SQUARE PALACE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Delete
NAME **CRANMER, JOANNE**
STREET ADDRESS **14410 PABLO BAY DR**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
NAME **CHERWINSKI, LOIS**
STREET ADDRESS **317 SANTA CLARA CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

1/21/03

5047440869

CR2E037 (10/02)