

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

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90085 007 ****70.00

DOCUMENT # N99000002058
 1. Entity Name
 THE DEERCREEK WOMEN'S ALLIANCE, INCORPORATED



Principal Place of Business: 10003 DEERCREEK CLUB RDE, 9962 VINEYARD LAKE RD E, JACKSONVILLE FL 32256
 Mailing Address: 9962 VINEYARD LAKE RD E, JACKSONVILLE FL 32256

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 10003 DEERCREEK CLUB RDE, Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State: JACKSONVILLE FL
 Zip: 32256, Country: (DUVALCO)

4. FEI Number: 59-3568670
 Applied For: Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired: \$8.75 Additional Fee Required

DONOFRIO, CAROL
 10003 DEERCREEK CLUB RD. EAST
 JACKSONVILLE FL 32256

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: Carol Ann O'Donofrio DATE: 2/16/05

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: PD	<input type="checkbox"/> Delete
NAME: BERNARD, DONNA	
STREET ADDRESS: 9907 VINEYARD LAKE LANE	
CITY-ST-ZIP: JACKSONVILLE FL 32256	
TITLE: VPD	<input checked="" type="checkbox"/> Delete
NAME: BURKE, PATTY	
STREET ADDRESS: 7815 MACLAURIN RD. NORTH	
CITY-ST-ZIP: JACKSONVILLE FL 32256	
TITLE: SD	<input type="checkbox"/> Delete
NAME: KUNZWEILER, ADELE	
STREET ADDRESS: 10236 VINEYARD LAKE EAST	
CITY-ST-ZIP: JACKSONVILLE FL 32256	
TITLE: TD	<input type="checkbox"/> Delete
NAME: DONOFRIO, CAROL	
STREET ADDRESS: 10003 DEERCREEK CLUB RD. EAST	
CITY-ST-ZIP: JACKSONVILLE FL 32256	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
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: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARIE SMITH	
STREET ADDRESS: 8263 PERSIMMON HILL LANE	
CITY-ST-ZIP: JACKSONVILLE, FL 32256	
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: _____	

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: Carol Ann O'Donofrio DATE: 2/16/05 904 519-0924
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #