

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2001 8:00 am
Secretary of State

05-18-2001 91241 011 ****61.25

DOCUMENT # N99000002461

1. Entity Name

JCP WOMEN'S ASSOCIATION, INC.

Principal Place of Business

708 OAK COVE CT.
 JACKSONVILLE FL 32259

Mailing Address

708 OAK COVE CT.
 JACKSONVILLE FL 32259

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3570739**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TAUS, BECKY
 708 OAK COVE CT.
 JACKSONVILLE FL 32259

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.

SIGNATURE

Becky Taus

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

(NOTE: Registered Agent signature required when reinstating)

May 14, 2001

DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	COPD	<input type="checkbox"/> Delete
NAME	HEMPHALL, MARY	
STREET ADDRESS	311 EDGEWATER BRANCH DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	COPD	<input checked="" type="checkbox"/> Delete
NAME	KARPROL, SUSAN	
STREET ADDRESS	304 LANSDOWN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DENISE	
STREET ADDRESS	132 STRAWBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		AnnMarie Schocki	
STREET ADDRESS		232 Trapper Trace Court	
CITY-ST-ZIP		Jacksonville, FL 32259	
TITLE	D	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Linda Gay	
STREET ADDRESS		320 Chickasaw Court	
CITY-ST-ZIP		Jacksonville, FL 32259	
TITLE	T	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Jennifer King	
STREET ADDRESS		300 Maplewood Drive	
CITY-ST-ZIP		Jacksonville, FL 32259	
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:

AnnMarie Schocki **SIGNATURE REQUIRED** AnnMarie Schocki: 5-10-01 (904) 287-0783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)