

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732279

**Entity Name:** WOMEN'S CENTER OF JACKSONVILLE, INC.**Current Principal Place of Business:**5644 COLCORD AVE.  
JACKSONVILLE, FL 32211**Current Mailing Address:**5644 COLCORD AVE.  
JACKSONVILLE, FL 32211 US**FEI Number:** 23-7437216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILES, TERESA G  
5644 COLCORD AVE.  
JACKSONVILLE, FL 32211 US*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:** TERESA G MILES

02/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DONOVAN, DIANA  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name MANNION, SARAH  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title 1ST VICE PRESIDENT  
Name CLARK, BETH  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name TRAVERS, JESSICA  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL

Title 2ND VICE PRESIDENT  
Name KELLEHER, KELLIE  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title TREASURER  
Name SIMMONS, SHARON  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title PRESIDENT  
Name SUSLAK, SALLY  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title SECRETARY  
Name BLACK, LAUREL  
Address 5644 COLCORD AVE  
City-State-Zip: JACKSONVILLE FL 32211

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALLY SUSLAK

PRESIDENT

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BALLARD, ALMA  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name BROWNE, HANNAH  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name LEACH, DORIS  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name SCHANZE, EARLENE  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name BOWERS, GARY  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name COLEMAN, MARY  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name PINDER, BOB  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name VANZEE, LAURA  
Address 5644 COLCORD AVE.  
City-State-Zip: JACKSONVILLE FL 32211