

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008671

**Entity Name:** JACKSONVILLE WOMEN'S LEADERSHIP FORUM, INC.

**FILED**  
**Apr 21, 2017**  
**Secretary of State**  
**CC1644853136**

**Current Principal Place of Business:**

50 NORTH LAURA  
SUITE 3900  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

50 NORTH LAURA STREET  
SUITE 3900  
JACKSONVILLE, FL 32202 US

**FEI Number: 46-3938058**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DOWNEY, MARGARET E  
Address 6737 SOUTHPOINT DR SOUTH (J-625)  
City-State-Zip: JACKSONVILLE FL 32216

Title VP  
Name ROSE, CINDY A  
Address 501 RIVERSIDE AVENUE  
SUITE 100  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name POKORNY, SUSAN G  
Address 13117 HACKBERRY WAY  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name SCHWING, CHRISTINA M ESQ.  
Address 50 N. LAURA STREET  
SUITE 3900  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HILL, MIRIAM  
Address 10 N. 15TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title SECRETARY ELECT  
Name LOVE, JACQUELYN I  
Address 1762 CHANDELIER CIRCLE EAST  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY  
Name WAIDNER, STEPHANIE ESQ.  
Address ONE INDEPENDENT DRIVE  
SUITE 114  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name CIRCELLI, MELISSA  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

**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: CHRISTINA M. SCHWING**

**PRESIDENT**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WILLIAMS-BANTA, PAULINE  
Address 133 ABACO WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name STANFORD, WALETTE  
Address 2160 WALNUT CREEK COURT NORTH  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name ABRAHAM, COURTNEY  
Address 10151 DEERWOOD PARK BLVD.  
BLDG. 200 SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name LUSK, JENNIFER  
Address 13410 SUTTON PARK DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name BOGGS, SUSAN T  
Address 301 W. BAY STREET  
STE. 2600  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name BARRE, JENNIFER  
Address 501 RIVERSIDE AVENUE  
SUITE 100  
City-State-Zip: JACKSONVILLE FL 32202