

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008671

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

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.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 ROSE, CINDY A
Address 501 RIVERSIDE AVENUE
 SUITE 500
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name CARROLL, CHELSEA
Address 501 RIVERSIDE AVENUE
 SUITE 500
City-State-Zip: JACKSONVILLE FL 32202

Title VC, VP
Name CONROY, JAMIE
Address 1 INDEPENDENT DRIVE
 114
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name POKORNY, SUSAN
Address 21 W. CHURCH STREET
 TOWER 12
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name PAMELA, SIMMONS
Address 4500 SALISBURY ROAD
 SUITE 305
City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN, PRESIDENT
Name WILLIAMS, DIANE
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name MANSFIELD, JENNIFER
Address 50 N. LAURA STREET
 SUITE 3900
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HALL, CHRISTIE
Address 1301 RIVERPLACE BLVD.
 SUITE 2700
City-State-Zip: JACKSONVILLE FL 32202

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: DIANE WILLIAMS

CHAIR/PRESIDENT

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRIS, VICKI
Address 2998 SUNSET LANDING DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title SECRETARY
Name O'CONNOR, SIOBHAN
Address 3427 MARSH RESERVE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name SPURLING, ANGELA
Address 601 RIVERSIDE AVENUE
7TH FLOOR
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BROOKS, LANDIE
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SMITH, STACEY
Address 13410 SUTTON PARK DRIVE S.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name JENNINGS, LISA
Address 12652 LAZY MEADOW DRIVE N
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name DAVIS, LAURA
Address ONE INDEPENDENT DRIVE
SUITE 3900 SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name BOTTOMLEY, CHRISTINA
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SMITH, CARI
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WILLIAMS, ANGIE
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202