

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008671

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

FILED
Apr 29, 2019
Secretary of State
4423855144CC

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

Title TREASURER
Name NOBLE, JENNIFER B.
Address 501 RIVERSIDE AVENUE
 SUITE 100
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name IVEY, FELICIA
Address 10151 DEERWOOD PARK BLVD
 BLD 200 400
City-State-Zip: JACKSONVILLE FL 32256

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

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

Title TREASURER ELECT
Name VIPPERMAN, JENNY
Address 4949 BLANDING BLVD.
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name HANCOCK, MELISSA
Address 1 INDEPENDENT DRIVE
 SUITE 620
City-State-Zip: JACKSONVILLE FL 32202

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

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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

ATTORNEY

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
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 MERIE, PENNIE
Address 13410 SUTTON PARK DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name BLAGSVEDT, SARAH
Address 301 W BAY STREET
SUITE 2600
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name DESI, MIDDLETON
Address 301 WEST BAY STREET
SUITE 2600
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name KERLEW, APRIL
Address 6600 CORPORATE CENTER
PARKWAY
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name MATHIS, SARAH
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202