2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008671

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

FILED Mar 14, 2022 **Secretary of State** 8806322306CC

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

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER**

Name ROSE, CINDY A Name CARROLL, CHELSEA

Address 501 RIVERSIDE AVENUE Address 501 RIVERSIDE AVENUE

> SUITE 500 SUITE 500

JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title SECRETARY

POKORNY, SUSAN CONROY, JAMIE Name Name

1 INDEPENDENT DRIVE 21 W. CHURCH STREET Address Address TOWER 12

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

HANCOCK, MELISSA Name Name PAMELA, SIMMONS

1 INDEPENDENT DRIVE 4500 SALISBURY ROAD Address Address

SUITE 620 SUITE 305

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32216

Title **DIRECTOR** Title **DIRECTOR**

Name WILLIAMS, DIANE Name DESI, MIDDLETON

Address **601 RIVERSIDE AVENUE** 301 WEST BAY STREET Address

SUITE 2600 City-State-Zip: JACKSONVILLE FL 32204

City-State-Zip: JACKSONVILLE FL 32202

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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.

03/14/2022 SIGNATURE: CINDY ROSE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MANSFIELD, JENNIFER

Address 50 N. LAURA STREET

SUITE 3900

City-State-Zip: JACKSONVILLE FL 32202

Title VP

Name MARTIN, KELLEY

Address 4949 BLANDING BLVD

City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR

Name MERIE, PENNIE

Address 13410 SUTTON PARK DRIVE SOUTH

City-State-Zip: JACKSONVILLE FL 32224