

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2014

**Secretary of State
CC8254983590**

DOCUMENT# N13000008671

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

Current Principal Place of Business:

6737 SOUTHPOINT DR SOUTH (J-625)
JACKSONVILLE, FL 32216

Current Mailing Address:

6737 SOUTHPOINT DR SOUTH (J-625)
JACKSONVILLE, FL 32216

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, CHAIRMAN, DIRECTOR
Name DOWNEY, MARGARET E
Address 6737 SOUTHPOINT DR SOUTH (J-625)

City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER, DIRECTOR
Name ROSE, CINDY A
Address 1 INDEPENDENT DR SUITE 1100

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name POKORNY, SUSAN G
Address 13117 HACKBERRY WAY

City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR, VC, VP
Name MACDONALD, JUDITH
Address 3372 PINTAIL DRIVE NORTH

City-State-Zip: JACKSONVILLE BEACH FL 32250

Title SECRETARY, DIRECTOR
Name SCHWING, CHRISTINA M
Address 50 N. LAURA STREET
 SUITE 3900

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SOWINSKI, MIRIAM
Address 50 N. LAURA STREET
 SUITE 3900

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LOVE, JACQUELYN I
Address 1762 CHANDELIER CIRCLE EAST

City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name MYERS, ELAINE C
Address 6680 BENNETT CREEK DRIVE
 #418

City-State-Zip: JACKSONVILLE FL 32216

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

SECRETARY

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAY, RUTH
Address 2064 GREEN HERON PT.
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name SCHRADER, ELANA
Address 253 LINKSIDE CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name TUTEN, TERA
Address 10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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

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

Title DIRECTOR
Name HARRIS, VICKI S
Address 3235 LANNIE ROAD
City-State-Zip: JACKSONVILLE FL 32218

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

Title DIRECTOR
Name VENABLE COONAN, MARY
STEPHANIE
Address 5086 COMMISSIONERS DRIVE
City-State-Zip: JACKSONVILLE FL 32224