#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008671

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

FILED
Jan 30, 2020
Secretary of State
8292093448CC

### **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

SUITE 500

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 Title TREASURER

Name ROSE, CINDY A Name NOBLE, JENNIFER B.

Address 501 RIVERSIDE AVENUE Address 501 RIVERSIDE AVENUE

SUITE 500

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

Title SECRETARY Title SECRETARY ELECT
Name IVEY, FELICIA Name CONROY, JAMIE

Address 10151 DEERWOOD PARK BLVD Address 1 INDEPENDENT DRIVE

BLD 200 400

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32202

Title VP Title DIRECTOR

Name POKORNY, SUSAN Name HANCOCK, MELISSA

Address 21 W. CHURCH STREET Address 1 INDEPENDENT DRIVE

TOWER 12 SUITE 620

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

Title DIRECTOR Title DIRECTOR

Name PAMELA, SIMMONS Name WILLIAMS, DIANE

Address 4500 SALISBURY ROAD Address 601 RIVERSIDE AVENUE

SUITE 305

City-State-Zip: JACKSONVILLE FL 32216

# Continues on page 2

JACKSONVILLE FL 32204

City-State-Zip:

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: CINDY ROSE PARTNER 01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

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

Title DIRECTOR

Name MARTIN, KELLEY

Address 4949 BLANDING BLVD

City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR

Name BAKER, SHANNON Address 500 WATER STREET

City-State-Zip: JACKSONVILLE FL 32202

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 DRUGG, ASHLEY

Address 5201 GATE PARKWAY

City-State-Zip: JACKSONVILLE FL 32256