2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008671

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

FILED Apr 20, 2023 **Secretary of State** 1304613418CC

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

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **DIRECTOR** Title **TREASURER**

ROSE, CINDY A Name Name CARROLL, CHELSEA

Address 501 RIVERSIDE AVENUE Address 501 RIVERSIDE AVENUE

SUITE 500

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

Title VC, VP Title SECRETARY

POKORNY, SUSAN CONROY, JAMIE Name Name

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

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

Title **DIRECTOR** Title DIRECTOR

GOODRICH, MELISSA Name Name PAMELA, SIMMONS

58 CRAWFORD COURT 4500 SALISBURY ROAD Address Address

SUITE 305 ST. JOHNS FL 32259

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

CHAIRMAN, PRESIDENT Title Title **DIRECTOR** Name WILLIAMS, DIANE

Name MANSFIELD, JENNIFER 601 RIVERSIDE AVENUE Address

50 N. LAURA STREET Address

SUITE 3900

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.

04/20/2023 SIGNATURE: DIANE WILLIAMS CHAIR, PRESIDENT

Electronic Signature of Signing Officer/Director Detail

JACKSONVILLE FL 32204

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name HALL, CHRISTIE

Address 1301 RIVERPLACE BLVD.

SUITE 2700

City-State-Zip: JACKSONVILLE FL 32202

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 DIRECTOR
Name HARRIS, VICKI

Address 2998 SUNSET LANDING DRIVE

City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR

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