2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: REPUBLICAN WOMEN'S CLUB OF DUVAL FEDERATED CORP

Current Principal Place of Business:

10023 LEISURE LANE N
JACKSONVILLE, FL 32256

Current Mailing Address:

P O BOX 550901
JACKSONVILLE, FL 32255

FEI Number: 59-6540992

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DANFORD, VANESSA
10023 LEISURE LN N
JACKSONVILLE, FL 32256 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	PRES
Name	LIGHT, SHARON
Address	4401 LAKESIDE DR #1102
City-State-Zip:	JACKSONVILLE FL 32210

Title	1ST VP
Name	KOUFONIKOS, TERESA
Address	967 MISTY MOUNTIANS DR W
City-State-Zip:	JACKSONVILLE FL 32225

Title	CORRESPONDING SECRETARY
Name	BLACK , KIM
Address	17325 BLACK COW TRAIL
City-State-Zip:	JACKSONVILLE FL 32218

Title	3RD VP
Name	HOLTON, MARCELLA
Address	124 CANOPY OAK LN
City-State-Zip:	PONTE VEDRA FL 32081

Title	TREA
Name	DANFORD, VANESSA
Address	10023 LEISURE LANE N.
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	MCCORVEY, SANDY
Address	3253 GLENDYNE DR. E.
City-State-Zip:	JACKSONVILLE FL 32216

Title	2ND VP
Name	SEYMOUR , KATHLEEN
Address	7322 RAMOTH DRIVE
City-State-Zip:	JACKSONVILLE FL 32226

Title	MEMBER AT LARGE
Name	PIONESSA , GEORGIANNE
Address	2365 MERRI ANNE DRIVE
City-State-Zip:	JACKSONVILLE FL 32216

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: VANESSA G DANFORD TREASURER 02/08/2018

Electronic Signature of Signing Officer/Director Detail — Date