## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51151

Entity Name: WOMEN'S NETWORK OF JACKSONVILLE GOLF & COUNTRY

CLUB, INC.

**FILED** Jan 26, 2024 **Secretary of State** 1383399498CC

## **Current Principal Place of Business:**

JACKSONVILLE GOLF & COUNTRY CLUB 3985 HUNT CLUB RD JACKSONVILLE, FL 32224

## **Current Mailing Address:**

JACKSONVILLE GOLF & COUNTRY CLUB 3985 HUNT CLUB RD JACKSONVILLE, FL 32224 US

FEI Number: 59-3143252 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOMBRIA, LISA JACKSONVILLE GOLF &; COUNTRY CLUB 3985 HUNT CLUB RD JACKSONVILLE, FL 32224 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: LISA BOMBRIA 01/26/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY MERRIMAN, STACIE Name Name LEWIS, PATTI

Address JACKSONVILLE GOLF & COUNTRY Address JACKSONVILLE GOLF & COUNTRY **CLUB** 

**CLUB** 

3985 HUNT CLUB RD 3985 HUNT CLUB RD

JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip:

Title **TREASURER** Title ٧P

Name BOMBRIA, LISA Name BERGHANE, JOAN

Address JACKSONVILLE GOLF & COUNTRY Address JACKSONVILLE GOLF & COUNTRY

**CLUB** CLUB

3985 HUNT CLUB RD 3985 HUNT CLUB ROAD

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224

TREASURER

Electronic Signature of Signing Officer/Director Detail

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.