## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900000844

## A WOMEN'S RESOURCE CENTER OF PALATKA FLORIDA INC

DOCUMENT # N9900000844  1. Entity Name						Jan 30, 2002 8:00 am Secretary of State					
A WOME	EN'S RESOURCE C	ENTER OF PALAT	ka florida	INC					90012 033		
Principal Plac	ce of Business	Mailing	Address								
3403 ST. JOHNS AVE. PALATKA FL 32177			PO BOX 811 PALATKA FL 32178								
								tria raini aane aans	881)   88111   88161   8 <b>3</b>	) <b>n</b> e ( <b>n</b> es) <b>a</b> (ne	( <b>3</b> (3) ( <b>30</b> )
2. Principal Place of Business		3. Maili	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City	City & State				4. FEI Number Applied For Not Applicable				
Zip	Country	Zip		Cou	ntry		5. Certificate of S	' 190=		75 Addi	itional
	6. Name and Addres	s of Current Registered	i Agent		Name	,	7. Name and Add	iress of New R	egistered Age	nt	
FAW, LINDA 107 WESTOVER CIRCLE PALATKA FL 32177						ddress (F	P.O. Box Number is	Not Acceptable	)		
PALAINA	FL 321//			Ì	City				FL	Zip Code	•
8. The above	named entity submits thi	s statement for the purpo	se of changing its	registere	d office or	register	ed agent, or both, in	the state of Flo	rida.	•	
SIGNATURE .	Signature, typed or printed name	of registered agent and title if appli	cable (NOTI	E: Registered	Agent signatu	ire required	when reinstating)		DATE		
I	FILE NOW: FEE IS	\$61.25	9. Election Car Trust Fund C		-		\$5.00 May Be Added to Fees		ke Check Prepartment of		
10.	OFFIC	\$61.25 CERS AND DIRECTORS	Trust Fund 0		on.	A	Added to Fees	D	epartment o	of State	10
10. TITLE NAME STREET ADDRESS	PM HARRIS, MARGARET 400 NW 21ST LANE	CERS AND DIRECTORS		11. TITLE NAME	on.	Booi Wrer	Added to Fees  DDITIONS/CHANG  Chair  Crowner  Federal	DES TO OFFICER	epartment o	of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PM HARRIS, MARGARET 400 NW 21ST LANE GAINESVILLE FL 326 BMD	CERS AND DIRECTORS	Trust Fund 0	11. TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	Boar Wrer 187 Ea	Added to Fees  DDITIONS/CHANG  Chair  Craven  Feoeral  St Palat  Treasure	DHRd.	epartment o	TORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PM HARRIS, MARGARET 400 NW 21ST LANE GAINESVILLE FL 326 BMD CREECH, CLAUDE 501 MAIN ST.	CERS AND DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	Bour Wrer 187 Ea Bour Mari	Added to Fees  DDITIONS/CHANG  CRUYEN  FEOGRAF  A Treasure  Sop P  Oakland	FRO. FL.:	epartment of RS AND DIRECT	TORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PM HARRIS, MARGARET 400 NW 21ST LANE GAINESVILLE FL 326 BMD CREECH, CLAUDE 501 MAIN ST. PALATKA FL 32177 BMD	CERS AND DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE STREE CITY- TITLE TITLE TITLE	ET ADDRESS ST-ZIP	Book 187 187 Book 113 S	Added to Fees  DDITIONS/CHANG  d Chair  Craven  Federal  Federal  A Treasure  Sopp  Matic  Member  Shemrd	FL. 3	BS AND DIRECT SALES AND	TORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PM HARRIS, MARGARET 400 NW 21ST LANE GAINESVILLE FL 326 BMD CREECH, CLAUDE 501 MAIN ST. PALATKA FL 32177 BMD CAYSON, MIKE PO BOX 510	DERS AND DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Bour 187 Bour 113 S Bour Man	Added to Fees  DDITIONS/CHANCE  Craven  Federal  Federal  A Treasure  Sopp  Cakland  Matic  Member  Shepard  3 14 Mo	Ave.	BS AND DIRECT SALES AND	TORS IN Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PM HARRIS, MARGARET 400 NW 21ST LANE GAINESVILLE FL 326 BMD CREECH, CLAUDE 501 MAIN ST. PALATKA FL 32177 BMD CAYSON, MIKE PO BOX 510 FLORAHOME FL 3216 BC MULLINS, ANGELA 6501 ST JOHNS AVE	DERS AND DIRECTORS  09	Trust Fund C	11. TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Bourd Bourd Book Les	Added to Fees  DDITIONS/CHANCE  of Chair  of C	Ave.  FL. 3:  ror West  ins	BS AND DIRECT STATE OF THE PROPERTY OF THE PRO	TORS IN Change Change Change	Addition  Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

**FILED**