

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90012 033 \*\*\*\*61.25

**DOCUMENT # N99000000844**

1. Entity Name

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

Principal Place of Business

Mailing Address

**3403 ST. JOHNS AVE.  
 PALATKA FL 32177**

**PO BOX 811  
 PALATKA FL 32178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3569298**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAW, LINDA  
 107 WESTOVER CIRCLE  
 PALATKA FL 32177**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PM	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, MARGARET	
STREET ADDRESS	400 NW 21ST LANE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	CREECH, CLAUDE	
STREET ADDRESS	501 MAIN ST.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	CAYSON, MIKE	
STREET ADDRESS	PO BOX 510	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	BC	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, ANGELA	
STREET ADDRESS	6501 ST JOHNS AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	BM	<input type="checkbox"/> Delete
NAME	HILKER, LYNN	
STREET ADDRESS	3200 PARK ST.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAW, LINDA	
STREET ADDRESS	107 WESTOVER CIRCLE	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	Board Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wren Craven	
STREET ADDRESS	187 Federal Pt Rd.	
CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	Board Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Sapp	
STREET ADDRESS	113 S. Oakland Ave.	
CITY-ST-ZIP	San Mateo, FL 32187	
TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Shepard	
STREET ADDRESS	6102 3rd Manor West	
CITY-ST-ZIP	Palatka, FL 32177	
TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lester Jenkins	
STREET ADDRESS	101 Thicket Lane	
CITY-ST-ZIP	Palatka, FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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:

*Linda Faw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02- 386-328-9394

CR2E037 (9/01)