

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000844

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: A WOMEN'S RESOURCE CENTER OF PALATKA FLORIDA INC.

**Current Principal Place of Business:**

3403 ST. JOHNS AVE.  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 811  
PALATKA, FL 32178

**New Mailing Address:**

FEI Number: 59-3569298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAW, LINDA  
107 WESTOVER CIRCLE  
PALATKA, FL 32177      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: BC      ( ) Delete  
Name: BECKLER, LAURA  
Address: 201 FEDERAL POINT RD.  
City-St-Zip: EAST PALATKA, FL 32131

Title: BT      ( ) Delete  
Name: GALLO, SILVANA  
Address: 118 BRIDGEPORT RD.  
City-St-Zip: PALATKA, FL 32177

Title: BS      ( ) Delete  
Name: HARRIS, SHIRLEY  
Address: 103 THICKER LANE  
City-St-Zip: PALATKA, FL 32177

Title: BM      ( ) Delete  
Name: MILLS, BOB F  
Address: 295 B EAST RIVER RD.  
City-St-Zip: EAST PALATKA, FL 32131

Title: BM      ( ) Delete  
Name: MADDOX, GENE  
Address: 515 S. 17TH ST.  
City-St-Zip: PALATKA, FL 32177

Title: BT      ( ) Delete  
Name: GALLO, SILVANA  
Address: 118 BRIDGEPORT RD.  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BS      (X) Change ( ) Addition  
Name: HARRIS, SHIRLEY  
Address: 103 THICKET LANE  
City-St-Zip: PALATKA, FL 32177

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BVC      (X) Change ( ) Addition  
Name: WRIGHT, RENEE  
Address: 108 JOHNS PLACE  
City-St-Zip: EAST PALATKA, FL 32131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA FAW

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ED

01/16/2008

\_\_\_\_\_ Date