

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000844

FILED
May 23, 2011
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
Name: PARISH, DUFF
Address: 293 STOKES LANDING RD
City-St-Zip: PALATKA, FL 32177

Title: BT
Name: HART, MARILYN
Address: 242 SILVER LAKE RD
City-St-Zip: PALATKA, FL 32177

Title: BS
Name: HURST, SANDY
Address: 130 STOKES LANDING RD
City-St-Zip: PALATKA, FL 32177

Title: BVC
Name: HUDSON, ROBIN
Address: PO BOX 103
City-St-Zip: EAST PALATKA, FL 32131

Title: BM
Name: HART, KEN
Address: 242 SILVER LAKE DR
City-St-Zip: PALATKA, FL 32177

Title: BM
Name: MCLANE, KRAIG
Address: 120 ROBERTS LANE
City-St-Zip: PALATKA, FL 32177

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: LINDA FAW

ED

05/23/2011

Electronic Signature of Signing Officer or Director

Date