

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000844

Entity Name: A WOMEN'S RESOURCE CENTER OF PALATKA FLORIDA INC.**Current Principal Place of Business:**3403 ST. JOHNS AVE.
PALATKA, FL 32177**Current Mailing Address:**PO BOX 811
PALATKA, FL 32178**FEI Number: 59-3569298****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCLANE, BETTY
120 ROBERTS LANE
PALATKA, FL 32177 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: BETTY MCLANE****03/15/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BC
Name	PARISH, DUFF
Address	293 STOKES LANDING RD
City-State-Zip:	PALATKA FL 32177

Title	BS
Name	HARRIS, SHIRLEY
Address	103 THICKET LANE
City-State-Zip:	PALATKA FL 32177

Title	BVC
Name	BAGGETT, ALLEN
Address	130 LATESHA TERRACE
City-State-Zip:	PALATKA FL 32177

Title	BM
Name	GILL, DARCI
Address	140 LAKE EDGE TRAIL
City-State-Zip:	INTERLACHEN FL 32148

Title	BM
Name	WILSON, JOYCE
Address	103 BOWFIN DR
City-State-Zip:	PALATKA FL 32177

Title	BM
Name	MAXWELL, AMY
Address	170 HORSEMAN CLUB ROAD
City-State-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: DUFF PARISH**BOARD CHAIR****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date