## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000844

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

**FILED** Jan 25, 2013 **Secretary of State** CC7852414716

## **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: No

## Name and Address of Current Registered Agent:

FAW, LINDA 107 WESTOVER CIRCLE 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title BC Title вт

PARISH, DUFF Name HART, MARILYN Name 293 STOKES LANDING RD Address 242 SILVER LAKE RD Address

City-State-Zip: PALATKA FL 32177 PALATKA FL 32177 City-State-Zip:

Title BM Title BS

Name HART, KEN Name HARRIS, SHIRLEY

Address 242 SILVER LAKE DR Address 103 THICKET LANE PALATKA FL 32177 City-State-Zip: City-State-Zip: PALATKA FL 32177

Title BM Title BVC.

Name CRAVEN, GRAY MCLANE, KRAIG Name

Address 187 FEDERAL POINT RD 120 ROBERTS LANE Address City-State-Zip: EAST PALATKA FL 32131

City-State-Zip: PALATKA FL 32177

Title ВМ

CRAVEN, WREN Name

187 FEDERAL POINT RD Address City-State-Zip: PALATKA FL 32131

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.

01/25/2013 SIGNATURE: DUFF PARISH **BOARD CHAIR** 

Electronic Signature of Signing Officer/Director Detail

Date