Current Principal Place of Business: 219 N PALM AVE PALATKA, FL 32177				
Current Mai	ling Address:			
PO BOX 811 PALATKA, F				
FEI Number: 59-3569298			Certificate of Status Desired: Yes	
Name and Address of Current Registered Agent:				
MCLANE, BETT 120 ROBERTS PALATKA, FL (LANE			
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			01/12/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Officer/Dire	ctor Detail : BC	Title	BS	
		Title Name	BS HARRIS, SHIRLEY	
Title	BC		-	
Title Name	BC PARISH, DUFF 144 LATESHA TERRACE	Name	HARRIS, SHIRLEY 103 THICKET LANE	
Title Name Address	BC PARISH, DUFF 144 LATESHA TERRACE	Name Address	HARRIS, SHIRLEY 103 THICKET LANE	
Title Name Address City-State-Zip:	BC PARISH, DUFF 144 LATESHA TERRACE PALATKA FL 32177	Name Address City-State-Zip:	HARRIS, SHIRLEY 103 THICKET LANE PALATKA FL 32177	
Title Name Address City-State-Zip: Title	BC PARISH, DUFF 144 LATESHA TERRACE PALATKA FL 32177 BVC	Name Address City-State-Zip: Title	HARRIS, SHIRLEY 103 THICKET LANE PALATKA FL 32177 BM	
Title Name Address City-State-Zip: Title Name	BC PARISH, DUFF 144 LATESHA TERRACE PALATKA FL 32177 BVC PARCHER, EDDIE 224 RIVER DRIVE	Name Address City-State-Zip: Title Name	HARRIS, SHIRLEY 103 THICKET LANE PALATKA FL 32177 BM GILL, DARCI 140 LAKE EDGE TRAIL	
Title Name Address City-State-Zip: Title Name Address	BC PARISH, DUFF 144 LATESHA TERRACE PALATKA FL 32177 BVC PARCHER, EDDIE 224 RIVER DRIVE	Name Address City-State-Zip: Title Name Address	HARRIS, SHIRLEY 103 THICKET LANE PALATKA FL 32177 BM GILL, DARCI 140 LAKE EDGE TRAIL	
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	BC PARISH, DUFF 144 LATESHA TERRACE PALATKA FL 32177 BVC PARCHER, EDDIE 224 RIVER DRIVE PALATKA FL 32177	Name Address City-State-Zip: Title Name Address City-State-Zip:	HARRIS, SHIRLEY 103 THICKET LANE PALATKA FL 32177 BM GILL, DARCI 140 LAKE EDGE TRAIL INTERLACHEN FL 32148	

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

City-State-Zip: SAN MATEO FL 32187

BOARD CHAIR

City-State-Zip: PALATKA FL 32177

01/12/2021

Electronic Signature of Signing Officer/Director Detail

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

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Date