

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000844

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

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC8841679914**

**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**

**03/12/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BC  
Name PARISH, DUFF  
Address 144 LATESHA TERRACE  
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**

**BC**

**03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date