

**2015 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:** No

**Name and Address of Current Registered Agent:**

FAW, LINDA  
7300 CRILL AVE  
LOT 25  
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  
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 MCLANE, KRAIG  
Address 120 ROBERTS LANE  
City-State-Zip: PALATKA FL 32177

Title BM  
Name CRAVEN, WREN  
Address 187 FEDERAL POINT RD  
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.*

**SIGNATURE:** DUFF PARISH

**BOARD CHAIR**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date