

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770139

FILED
Apr 04, 2012
Secretary of State

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

Current Principal Place of Business:

165 AVENUE A., N.W.
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

165 AVENUE A., N.W.
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-2344584 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOSTICK, PATTI
169 LAKE OTIS DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MILLER, SHARON PHD
Address: 238 COLLEGE CIRCLE NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: PARL
Name: HOLDEN, EILEEN
Address: 999 AVENUE H NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: RS
Name: OROPEZA, DIANE
Address: 1053 HIDDEN DRIVE
City-St-Zip: LAKELAND, FL 33809 US

Title: EDIR
Name: SCHAFFER, JO ANN
Address: 2303 W. CANNON TER.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: PP
Name: BOSTICK, PATTI
Address: 169 LAKE OTIS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

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: JO ANN SCHAFFER

EDIR

04/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date