

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000000590**

**1. Entity Name**  
**WOMEN'S REFUGE OF ST. JOHNS COUNTY, INC.**



**Principal Place of Business**  
**5237 BIG OAK DRIVE S.**  
**SAINT AUGUSTINE, FL 32095**

**Mailing Address**  
**P.O. BOX 1430**  
**SAINT AUGUSTINE, FL 32085**



03082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**27-0070569**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CLEMENTS, EDWIN O**  
**179 LIONS GATE DR.**  
**ST. AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>CLEMENTS, EDWIN O</b>
<b>STREET ADDRESS</b>	<b>179 LIONS GATE DR.</b>
<b>CITY-ST-ZIP</b>	<b>ST. AUGUSTINE, FL 32080</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>WETHERINGTON, SUE</b>
<b>STREET ADDRESS</b>	<b>180 SUNSET CIRCLE N.</b>
<b>CITY-ST-ZIP</b>	<b>SAINT AUGUSTINE, FL 32080</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>HUFF, LINDA K</b>
<b>STREET ADDRESS</b>	<b>16 EUGENE PLACE</b>
<b>CITY-ST-ZIP</b>	<b>SAINT AUGUSTINE, FL 32080</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>HOLLINGSWORTH, DENNIS W</b>
<b>STREET ADDRESS</b>	<b>695 STANDISH DR.</b>
<b>CITY-ST-ZIP</b>	<b>ST. AUGUSTINE, FL 32086</b>
<b>TITLE</b>	<b>BMD</b>
<b>NAME</b>	<b>SWINDULL, KARL D</b>
<b>STREET ADDRESS</b>	<b>2081 DEERWOOD ACRES DR</b>
<b>CITY-ST-ZIP</b>	<b>SAINT AUGUSTINE, FL 32084</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/02/08-80090-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, name or other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/2008 (904) 877-4322**

Date

Daytime Phone #