2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# N04000000590

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

Current Principal Place of Business:

5237 BIG OAK DRIVE S.
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1430
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 27-0070569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLEMENTS, EDWIN O
179 LIONS GATE DR.
ST. AUGUSTINE, FL 32080 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: P ( ) Delete
Name: CLEMENTS, EDWIN O
Address: 179 LIONS GATE DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: WETHERINGTON, SUE
Address: 180 SUNSET CIRCLE N.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: HUFF, LINDA K
Address: 16 EUGENE PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V ( ) Delete
Name: HOLLINGSWORTH, DENNIS W `
Address: 695 STANDISH DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: BMD ( ) Delete
Name: SWINDULL, KARL D
Address: 2061 DEERWOOD ACRES DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWIN O. CLEMENTS PRES 07/07/2009
Electronic Signature of Signing Officer or Director — Date