

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000590

FILED  
Feb 07, 2011  
Secretary of State

**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 ( )**

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

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

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

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

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

**Title:** BMD  
**Name:** KIDD, CHERRIE J  
**Address:** 1007 WINTERHAWK DR  
**City-St-Zip:** ST AUGUSTINE, FL 32086

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:** EDWIN O CLEMENTS

PRES

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date