2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

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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 P 05/01/2012

Electronic Signature of Signing Officer or Director Date