## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000005083

FILED Apr 14, 2005 Secretary of State

Entity Name: WOMEN'S RESOURCE CENTERS OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

12719 N MAIN ST JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

12719 N MAIN ST JACKSONVILLE, FL 32218

FEI Number: 59-3271597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEELING, DWAYNE A
15296 PARETE RD
JACKSONVILLE, FL 32218 US

KEELING, DWAYNE A
45215 STRATTON ROAD
CALLAHAN, FL 32011 US

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: DWAYNE A. KEELING 04/14/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: KEELING, DWAYNE A Name: KEELING, DWAYNE A

Address: 15296 PARETE RD Address: 45215 STRATTON ROAD
City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: CALLAHAN, FL 32011

Title: EXD ( ) Delete Title: ( ) Change ( ) Addition Name: ALBARADO, PENELOPE A Name:

Address: 347 SUZANNE DR Address: City-St-Zip: JACKSONVILLE, FL 32218 Name:

Address: City-St-Zip: City-St-Zip:

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition Name: VANDORAN, RICK Name: HAMMOND, PAT

Address: 14735 CAPSTAN DR Address: 4133 KELLY LEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32224

Title: CS ( ) Delete Title: CS (X) Change ( ) Addition

Name: DAVIS, LISA Name: FARABEE, TERRI

Address: 10965 TRACI LYNN DRIVE Address: 8476 LAKE MARIETTA DRIVE SOUTH

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DWAYNE A. KEELING DP 04/14/2005