

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005083

FILED
Feb 28, 2007
Secretary of State

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

Current Principal Place of Business:

12719 N MAIN ST
JACKSONVILLE, FL 32218

New Principal Place of Business:

12456 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

Current Mailing Address:

12719 N MAIN ST
JACKSONVILLE, FL 32218

New Mailing Address:

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

Name and Address of Current Registered Agent:

KEELING, DWAYNE A
45215 STRATTON ROAD
CALLAHAN, FL 32011 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: DP () Delete
Name: KEELING, DWAYNE A
Address: 45215 STRATTON ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: EXD () Delete
Name: ALBARADO, PENELOPE A
Address: 347 SUZANNE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: DST () Delete
Name: HAMMOND, PAT
Address: 4133 KELLY LEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: CS () Delete
Name: FARABEE, TERRI
Address: 8476 LAKE MARIETTA DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32220

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PENELOPE A. ALBARADO

EXD

02/28/2007

Electronic Signature of Signing Officer or Director

Date