# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 11, 2011**
**Secretary of State**

DOCUMENT# N94000005083

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

**Current Principal Place of Business:**

12456 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

12456 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

**New Mailing Address:**

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

**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: PCEO
Name: KEELING, DWAYNE A
Address: 45215 STRATTON ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: D
Name: ALBARADO, PENELOPE A
Address: 347 SUZANNE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: O
Name: JONES, SANDRA
Address: 1431 RIVERPLACE BLVD., UNIT 1104
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: MONTGOMERY, ELAINE
Address: 16190 BUTCH BAINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: V
Name: JONES, THOMAS
Address: 2701-1 HIGHWAY 301 N.
City-St-Zip: JACKSONVILLE, FL 32234 US

Title: O
Name: THOMAS, DENNIS
Address: 813 CEDAR BAY ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

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: DWAYNE KEELING P 03/11/2011

Electronic Signature of Signing Officer or Director — Date