

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005083

FILED  
Feb 29, 2012  
Secretary of State

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

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

**Title:** VP  
**Name:** JONES, TOM  
**Address:** 2701-1 HIGHWAY 301 N  
**City-St-Zip:** JACKSONVILLE, FL 32234 US

**Title:** S  
**Name:** PORTER, BARB  
**Address:** 2625 LONG BOAT DRIVE  
**City-St-Zip:** FERNANDINA BEACH, FL 32034 US

**Title:** T  
**Name:** HAMMOND, PAT  
**Address:** 4133 KELLY LEE DRIVE  
**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

PCEO

02/29/2012

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

\_\_\_\_\_  
Date