

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 029 ****61.25

830322

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000006860

1. Entity Name

Women's Resource Center of Clay County, Inc.

Principal Place of Business

P.O. Box 2561
 Middleburg, FL 32050

Mailing Address

P.O. Box 2561
 Middleburg, FL 32050

2. Principal Place of Business

P.O. Box 2561

3. Mailing Address

P.O. Box 2561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg, FL

4. FEI Number

59-3609939

Applied For

Not Applicable

Zip

32050

Country

Clay

Zip

32050

Country

Clay

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kevin Emig
 2960 Beaver Avenue
 Middleburg, FL 32068

Name N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

N/A

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Delete
NAME	Tobi Potter	
STREET ADDRESS	518 Governor Street	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Sharon Duke	
STREET ADDRESS	3100 Univ. Blvd, South, Suite 240	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Carol Wright	
STREET ADDRESS	3408 Wilderness Circle	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Linda Dufresne	
STREET ADDRESS	P.O. Box 1179	
CITY-ST-ZIP	Orange Park, FL 32067	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Dawn Berlin	
STREET ADDRESS	P.O. Box 1514	
CITY-ST-ZIP	Orange Park, FL 32067	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Judy Hodges	
STREET ADDRESS	2795 Kiowa Avenue	
CITY-ST-ZIP	Middleburg, FL 32068	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen King	
STREET ADDRESS	342 Fleming Drive	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Latham	
STREET ADDRESS	565 Kingsley Avenue	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	The Rev. Christopher Martin	
STREET ADDRESS	405 St. John's Ave. St. Mary's	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogert Myers	
STREET ADDRESS	12000 Alumni Drive, SBDC	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Timmons	
STREET ADDRESS	425 S.R. 13 North, Bank of America	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President, Tobi Potter

Tobi Potter

March 25, 2000

(904)215-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)