

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706509

Entity Name: WOMEN'S RESIDENTIAL AND COUNSELING CENTER, INC.

Current Principal Place of Business:

107 HILLCREST AVE
ORLANDO, FL 32801

Current Mailing Address:

P O BOX 5983
WINTER PARK, FL 32793 US

FEI Number: 59-0760229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRK, DIANE MRS.
1615 PINE BLUFF AVENUE
ORLANDO, FL 32806 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ERWIN, SHERRI
Address 601 BRECHIN DR
City-State-Zip: WINTER PARK FL 32792

Title VP
Name WOODBERRY, MIDGE
Address 30 INTERLAKEN RD.
City-State-Zip: ORLANDO FL 32804

Title TREASURER
Name CRAMER, PHYLLIS
Address 2109 TUSCARORA TRAIL
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT
Name KIRK, DIANE
Address 1615 PINE BLUFF AVENUE
City-State-Zip: ORLANDO FL 32806

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: PHYLLIS CRAMER

TREASURER

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date