

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000590

Entity Name: WOMEN'S REFUGE OF ST. JOHNS COUNTY, INC.**Current Principal Place of Business:**5237 BIG OAK DRIVE S.
SAINT AUGUSTINE, FL 32095**Current Mailing Address:**P.O. BOX 1430
SAINT AUGUSTINE, FL 32085**FEI Number: 27-0070569****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCHULZE, HEATHER D
5237 BIG OAK ROAD S
ST. AUGUSTINE, FL 32095 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: HEATHER SCHULZE****01/18/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name HUFF, LINDA K
Address 16 EUGENE PLACE
City-State-Zip: SAINT AUGUSTINE FL 32080

Title VP
Name HOLLINGSWORTH, DENNIS W
Address 695 STANDISH DR.
City-State-Zip: ST. AUGUSTINE FL 32086

Title BMD
Name KIDD, CHERRIE J
Address 1007 WINTERHAWK DR
City-State-Zip: ST AUGUSTINE FL 32086

Title PRESIDENT
Name CARPENTER, JOHN
Address 1509 TIMBER TRACE DR
City-State-Zip: ST AUGUSTINE FL 32092

Title BMD
Name POWELL, FRANCES
Address 123 LIONS GATE DRIVE
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER
Name CARPENTER, DEBRA
Address 1509 TIMBER TRACE DR
City-State-Zip: ST. AUGUSTINE FL 32092

Title BMD
Name CONRAD, HUNTER
Address 510 WILDWOOD DRIVE
City-State-Zip: ST. AUGUSTINE FL 32086

Title BMD
Name HOLLINGSWORTH, MYRTLE
Address 965 OXFORD DRIVE
City-State-Zip: ST. AUGUSTINE FL 32084

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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: HEATHER D SCHULZE**DIRECTOR****01/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BMD
Name MORALES, DEBBIE
Address 5235 AVENUE B
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name SCHULZE, HEATHER D
Address 175 DEVEREUX DRIVE
City-State-Zip: ATHENS GA 30606