

**2018 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:**CARPENTER, DEBRA K  
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: DEBRA K CARPENTER****01/14/2018**

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: DEBRA K CARPENTER****TREASURER****01/14/2018**

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