

**2013 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:** No**Name and Address of Current Registered Agent:**CLEMENTS, EDWIN O  
179 LIONS GATE DR.  
ST. AUGUSTINE, FL 32080 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	P
Name	CLEMENTS, EDWIN O
Address	179 LIONS GATE DR.
City-State-Zip:	ST. AUGUSTINE FL 32080

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

Title	BMD
Name	SWINDULL, KARL D
Address	2061 DEERWOOD ACRES DR
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	S
Name	WETHERINGTON, SUE
Address	180 SUNSET CIRCLE N.
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	V
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

*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: EDWIN CLEMENTS****PRESIDENT****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date