

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:18

DOCUMENT # **768247** (9)
1. Corporation Name
DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.

Principal Place of Business Mailing Address
215 OCEAN STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/29/1983	3a. Date of Last Report 07/20/1994
4. FBI Number 59-2437003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent HOLBROOK, KATHLEEN F. 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	KIRK, DOUGLAS 225 E. DUVAL ST. JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PP KLEINHEKSEL JOHN 3242 HIDDEN LAKES DR. N. JACKSONVILLE FLORIDA
VD	KLEINHEKSEL, JOHN 3242 HIDDEN LAKES DR., N. JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP H DAVIS COLLIER JR 4256 ROBIN HOOD ROAD JACKSONVILLE FLORIDA
SD	STANDIFER, LINDA 226 N. LAURA ST. JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD	NAYFEH, GIGI 10150 BELLE RIVER BLVD., #302 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD SMITH ELEANOR 5644 COLCORD AVENUE JACKSONVILLE FLORIDA
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor Smith ELEANOR SMITH 3/28/95 (904) 724-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR