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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
215 OCEAN STREET JACKSONVILLE FL 32202
215 OCEAN STREET JACKSONVILLE FL 32202-3217

3. Date Incorporated or Qualified 04/29/1983
3a. Date of Last Report 04/18/1996

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2437003	Applied For	Not Applicable
22	Suite, Apt #, etc.	26	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	29	Country				
		30					

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KLEINHEKSEL, JOHN	1.1 TITLE	PD Armstrong, Sherman
NAME	3242 HIDDEN LAKES DR N	1.2 NAME	118 E Monroe
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	Jacksonville, FL 32202
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD COLLIER, H. D JR.	2.1 TITLE	VD Jameson, Ernest
NAME	4256 ROBIN HOOD ROAD	2.2 NAME	2025 Carl Road
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	Jacksonville, FL 32209
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS DAVIS, MARCIA	3.1 TITLE	SD Emily Beckham
NAME	1893 WOODLEIGH DR W	3.2 NAME	4638 Carrientes Cir N
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	Jacksonville, FL 32217
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SMITH, ELEANOR	4.1 TITLE	
NAME	5844 COLCORD AVENUE	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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 2/10/97 (904) 724-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)