2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State
07-17-2006 90145 005 ****61.25

DOCUMENT # 768247

1. Entity Name
DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.

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

07032006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2437003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLBROOK, KATHLEEN F. 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	Name: Kathleen HolBrook Cold Street Address (P.O. Box Number is Not Acceptable): One Independent Drive Suite 2301 City: Jacksonville FL Zip Code: 32202

8. 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. I am familiar with, and accept the obligations of registered agent.

N/A

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARREN, ROSALIND 1337 RIVER OAKS RD JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Berrey, Rosalind P.O.Box 40006 Jacksonville, FL 32203	☐ Change ☐ Addition ☑ Correction
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HULL, RICHARD 2841 RIVERSIDE AVE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REDINGTON, LANI 1539 MARCO PLACE JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUTTLE, DAVE 118 E. MONROE ST. JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURKNELL, MITCH 4380 WORTH DR. E. JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Turnett, Mitch	☐ Change ☐ Addition ☑ Correction
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODRICK, CHARLES N 1337 RIVER OAKS RD JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hedrick, Charles V	☐ Change ☐ Addition ☑ Correction

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like-empowered.

SIGNATURE: _____ 7-5-06 (904) 354-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #