

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768247

FILED
Mar 05, 2007
Secretary of State

Entity Name: DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.

Current Principal Place of Business:

215 OCEAN STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

215 OCEAN STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2437003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK-COLD, KATHLEEN F
ONE INDEPENDENT DRIVE
STE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BARREN, ROSALIND
Address: PO BOX 40006
City-St-Zip: JACKSONVILLE, FL 32203

Title: D () Delete
Name: HULL, RICHARD
Address: 2841 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: REDINGTON, LANI
Address: 1539 MARCO PLACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: TUTTLE, DAVE
Address: 118 E. MONROE ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: TURNETT, MITCH
Address: 4380 WORTH DR. E.
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: HADRICK, CHARLES V
Address: 1337 RIVER OAKS RD
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BERREY, ROSALIND
Address: PO BOX 40006
City-St-Zip: JACKSONVILLE, FL 32203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MATTHEWS, JEFF
Address: 41 E. DUVAL STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HEDRICK, CHARLES V
Address: 1337 RIVER OAKS RD
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MITCH TURKNETT

PRES

03/05/2007

Electronic Signature of Signing Officer or Director

_____ Date