2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001246

1. Entity Name
ARARAT COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
2503 N MYRTLE AVE JACKSONVILLE, FL 32209	2503 N MYRTLE AVE JACKSONVILLE, FL 32209

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03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3303295
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, EVERLENE
2503 N MYRTLE AVE
JACKSONVILLE, FL 32209

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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.

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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CHATMAN, RUTH
STREET ADDRESS	3622 GRUNTHAL ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	SINCLAIR, MARVA
STREET ADDRESS	1581 W. 14TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	FENNEY, SHIRLEY
STREET ADDRESS	2644 WYLEN ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	JETER, E. C. III
STREET ADDRESS	340 GWINNETT RD.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80001-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shirley Fenney 3/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #