

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768247

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**5404007949CC**

**Entity Name:** DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.

**Current Principal Place of Business:**

215 NORTH OCEAN STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

215 NORTH OCEAN STREET  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-2437003

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARK, DAVID  
215 NORTH OCEAN ST  
JACKSONVILLE, FL 32202 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name BENNETT-HILL, THERESA  
Address P.O. BOX 47621  
City-State-Zip: JACKSONVILLE FL 32247

Title TREASURER, DIRECTOR  
Name CARRAHER, TRISTA  
Address 5383 WELLER AVE  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name BENAVIDES, ALEX  
Address COLUMN 13  
2337 MYRA ST  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name MEUX, JOSEPH CLAY JR.  
Address 1301 RIVERPLACE BOULEVARD,  
SUITE 1500  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name HANDLEY, JULIE  
Address 2970 ST JOHNS AVE #8F  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR  
Name BUCKLEY, CHRIS  
Address 3677 BALLESTRO DR S  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name HENDRICK, TIM  
Address 2900 HARTLEY RD  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR, VC  
Name MOULTON, CLAUDE  
Address 235 W 5TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID CLARK

**EXECUTIVE DIRECTOR**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name PRIER, PAMELA  
Address 10990 HICKORY TRACE LN  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, SECRETARY  
Name PIERSON, DEBBIE  
Address 1421 WINDSOR PLACE  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR  
Name BELLAMY, GABRIELLE  
Address 7133 HOLIDAY RD NORTH  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name JAMES, JESSE  
Address 5375 ORTEGA FARMS BLVD  
UNIT 510  
City-State-Zip: JACKSONVILLE FL 32210

Title EXECUTIVE DIRECTOR OF  
OPERATIONS  
Name CLARK, DAVID  
Address 215 N OCEAN ST  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name ROZIERS, LARRY  
Address 2034 KNOTTY PINE CT  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name FULLER, VON  
Address 21 W CHURCH ST  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name LANE, LAURA  
Address 452 W 69TH STREET  
City-State-Zip: JACKSONVILLE FL 32208