

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768247

Entity Name: DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.**Current Principal Place of Business:**215 OCEAN STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**215 OCEAN STREET
JACKSONVILLE, FL 32202**FEI Number:** 59-2437003**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLBROOK-COLD, KATHLEEN F
ONE INDEPENDENT DRIVE
STE 2301
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 DAVIS, MIKE
Address 1506 SILVER STREET
City-State-Zip: JACKSONVILLE FL 32206

Title PD
Name MATTHEWS, JEFF
Address 41 E. DUVAL STREET
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name HEDRICK, CHARLES V
Address 1337 RIVER OAKS RD
City-State-Zip: JACKSONVILLE FL 32205

Title EXECUTIVE DIRECTOR
Name SPUHLER, MARY R
Address 215 N. COEAN STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name RUTLAND, ALFRED
Address 8604 ETHANS GLEN TERRACE
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name TURKNETT, MITCH
Address 4380 WORTH DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name REDINGTON, LANI B
Address 1539 MARCO PLACE
City-State-Zip: JACKSONVILLE FL 32207

Title SD
Name FACKLER, JUDY
Address 3809 TIMUQUANA RD
City-State-Zip: JACKSONVILLE FL 32210

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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: MARY R. SPUHLER

EXECUTIVE DIRECTOR

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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