

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768247

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

Title DIRECTOR
Name NOVAK, SUSAN
Address ONE INDEPENDENT DR
114
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER, DIRECTOR
Name CARRAHER, TRISTA
Address 215 NORTH OCEAN STREET
City-State-Zip: JACKSONVILLE FL 32202

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

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

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

Title DIRECTOR
Name BENAVIDES, ALEX
Address 5457 BLUE PACIFIC DRIVE
City-State-Zip: JACKSONVILLE FL 32257

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

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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: DAVID CLARK**EXECUTIVE DIRECTOR****01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name BERREY, ROLLY
Address P.O. BOX 40006
City-State-Zip: JACKSONVILLE FL 32203

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

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

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

Title DIRECTOR
Name FAIRCLOTH, MARSHALL
Address 1661 RIVERSIDE AVE
APT 203
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name HENDRICK, TIM
Address 1301 RIVERPLACE
APT 1500
City-State-Zip: JACKSONVILLE FL 32207

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