#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 768247** 

Entity Name: DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.

FILED
May 10, 2016
Secretary of State
CC6520258239

### **Current Principal Place of Business:**

215 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:

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.

Title

D

SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

D

11110		1140	
Name	RUTLAND, ALFRED	Name	TURKNETT, MITCH
Address	8604 ETHANS GLEN TERRACE	Address	4380 WORTH DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSOVNILLE FL 32207
Title	D	Title	DIRECTOR
Name	HEDRICK, CHARLES V	Name	REDINGTON, LANI B
Address	1337 RIVER OAKS RD	Address	1539 MARCO PLACE
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32207
			050055400//01050500

Title SECRETARY/DIRECTOR Title **EXECUTIVE DIRECTOR** FACKLER, JUDY Name Name TUTTLE, DAVID R 3809 TIMUQUANA RD Address Address 215 N. OCEAN STREET City-State-Zip: JACKOSNVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32202 Title TREASURER/DIRECTOR Title **DIRECTOR** 

Title DIRECTOR

Name BENNETT-HILL, THERESA

Address P.O. BOX 47621

City-State-Zip: JACKSONVILLE FL 32247

TREASURER/DIRECTOR

REASURER/DIRECTOR

Address CARRAHER, TRISTA

215 OCEAN STREET

City-State-Zip: JACKSONVILLE FL 32202

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 TUTTLE

Electronic Signature of Signing Officer/Director Detail

**EXECUTIVE DIRECTOR** 

05/10/2016 Date

# Officer/Director Detail Continued:

Title PRESIDENT

Name BENAVIDES, ALEX

Address 5457 BLUE PACIFIC DRIVE City-State-Zip: JACKSONVILLE FL 32257