

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768247

**FILED**  
**Feb 11, 2020**  
**Secretary of State**  
**7244600390CC**

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

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

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

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

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

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 3380 KNIGHT ST  
City-State-Zip: JACKSONVILLE FL 32205

**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  
OF OPERATIONS**

**02/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name TODD, PATRICIA  
Address 1 INDEPENDENT DR  
SUITE 1200  
City-State-Zip: JACKSONVILLE FL 32202

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

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

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

Title PRESIDENT, DIRECTOR  
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