

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 TREASURER, DIRECTOR
Name CARRAHER, TRISTA
Address 5383 WELLER AVE
City-State-Zip: JACKSONVILLE FL 32211

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

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

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

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

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

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

06/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name HART, LANETTE
Address 1103 WILD AZALEA DR
City-State-Zip: JACKSONVILLE FL 32221

Title DIRECTOR
Name SENIOR, JUANITA
Address 2823 MARS AVE
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name FULLER, VON
Address 225 NORTH PEARL ST
City-State-Zip: JACKSONVILLE FL 32202

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

Title DIRECTOR
Name BARZLER, ROBERT
Address 4071 LONDON ROAD
City-State-Zip: JACKSONVILLE FL 32207