

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000011294

**FILED  
Apr 30, 2015  
Secretary of State  
CC6426210465**

**Entity Name:** THE PHOENIX AVENUE COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

1119 EAST 14TH STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1119 EAST 14TH STREET  
JACKSONVILLE, FL 32206

**FEI Number: 46-3865537**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HERRING, SHADE JR.  
1119 EAST 14TH STREET  
JACKSONVILLE, FL 32206 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 P  
Name HERRING, SHADE  
Address 6403 HOWE DRIVE  
City-State-Zip: JACKSONVILLE FL 32208

Title T  
Name MONTS, TOM  
Address 6993 CRYSTAL RIVER ROAD  
City-State-Zip: JACKSONVILLE FL 32219

Title S  
Name ROBERT, GLORIA  
Address 1856 EAST 24TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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: SHADE J. HERRING JR.**

**CHAIRMAN OF BOARD**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date