

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90011 045 ****61.25

DOCUMENT # N00000006561

1. Entity Name
EDWARD WATERS COLLEGE COMMUNITY
DEVELOPMENT CORPORATION



Principal Place of Business
1658 KINGS ROAD
EDWARD WATERS COLLEGE
JACKSONVILLE, FL 32209

Mailing Address
1658 KINGS ROAD
EDWARD WATERS COLLEGE
JACKSONVILLE, FL 32209

50064506



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3704537

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEAN, JAMES A PH.D.
1658 KINGS ROAD
JACKSONVILLE, FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JENKINS JIMMY PH.D.
STREET ADDRESS 1658 KINGS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D ☐ Change ☒ Addition
NAME Dr. Oswald P. Bronson.
STREET ADDRESS 1658 Kings Road
CITY-ST-ZIP Jacksonville, FL 32209

TITLE D ☐ Delete
NAME WILLIAMS, TYRONNE
STREET ADDRESS 101 CENTURY 21 DRIVE, SUITE 122
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☐ Change ☒ Addition
NAME Ms. Celia Miller
STREET ADDRESS 1440 North Myrtle Avenue
CITY-ST-ZIP Jacksonville, FL 32209

TITLE D ☐ Delete
NAME PHILLIPS, ROSLYN
STREET ADDRESS 220 E. BAY STREET, CITY HALL ANNEX 14TH FL
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D ☐ Change ☒ Addition
NAME James A. McLean, Ph.D.
STREET ADDRESS 1658 Kings Road
CITY-ST-ZIP Jacksonville, FL 32209

TITLE D ☐ Delete
NAME FEWELL, JEANNIE
STREET ADDRESS 128 E. FORSYTH STREET, SUITE 700
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, CAROLYN PH.D.
STREET ADDRESS 1576 W. 13TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, RODERICK K
STREET ADDRESS 1655 W. 4TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. McLean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/05
Date

904-420-8264
Daytime Phone #