

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90047 039 ****61.25

DOCUMENT # N05000002761

1. Entity Name

RAMS COMMUNITY CENTER INC.



Principal Place of Business

8720 BISHOPSWOOD DR.
JACKSONVILLE FL 32244

Mailing Address

8720 BISHOPSWOOD DR.
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

Applied For

Not Applicable

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

STEVENSON, ROBIN
8720 BISHOPSWOOD DR. W
JACKSONVILLE FL 32244

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE ☐ Delete
NAME STEVENSON, ROBIN
STREET ADDRESS 8720 BISHOPSWOOD DR. W
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME JACKSON, JOHN ELDER
STREET ADDRESS 8720 BISHOPSWOOD DR. W
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME JACKSON, DORIS N
STREET ADDRESS 8720 BISHOPSWOOD DR. W
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME GRIFFIN, DORSEL L
STREET ADDRESS 8531 RAMPART RD.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME STOKES, VIRGINIA
STREET ADDRESS 5520 COLLINS RD. #302
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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: *[Signature]*

5/1/06

(904) 278-9044