FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N93000001703 (8)

1. Corporation Name

TWIN TOWERS RESIDENT COUNCIL, INC.

Principal Place of Business	Mailing Address
621 W. 44TH #1 JACKSONVILLE FL 32208 US	621 N. 44TH ST. #1 JACKSONVILLE FL 32208 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-3182643 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 621 west 44th street	26 621 west 44th street
Suite, Apt. #, etc. 22 apt#1	Suite, Apt. #, etc. 27 apt# 1
City & State 23 Jacksonville,Florida	City & State 28 Jacksonville,Florida
Zip / Country 24 32208 / 25 Duval	Zip / Country 29 32208 / 30 Duval

9. Name and Address of Current Registered Agent

BAKER, HENRY
621 W. 44TH ST.
#1
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: Henry D. Baker
82 Street Address (P.O. Box Number is Not Acceptable)
83: 621 west 44th street apt # 1
84 City: Jacksonville FL 85 Zip Code: 32208

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Henry D. Baker / Johnny D. Baker — 6-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	president D	☐ Change ☐ Addition
NAME	BAKER, HENRY	12 NAME	Henry D.Baker	
STREET ADDRESS	621 W. 44TH ST. #1	13 STREET ADDRESS	621 west 44th street apt# 1	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville,Fl 32208	
TITLE	VP	21 TITLE	vp	☒ Change ☐ Addition
NAME	DIAL, JESSE	22 NAME	Hattie McQueen	
STREET ADDRESS	621 W. 44TH ST. #93	23 STREET ADDRESS	621 west 44th street	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville,Fl 32208	
TITLE	S	31 TITLE	secretary	☒ Change ☐ Addition
NAME	WYCHE, DELORES W.	32 NAME	Johnny Moore	
STREET ADDRESS	617 W. 44TH ST. #150	33 STREET ADDRESS	621 west 44th street	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville,Fl 32208	
TITLE	C	41 TITLE	treasurer D	☒ Change ☐ Addition
NAME	WARD, WILLIE ELDER	42 NAME	Edith Walker	
STREET ADDRESS	617 W. 44TH ST. #103	43 STREET ADDRESS	621 west44th street	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville,Fl 32208	
TITLE	D	51 TITLE	chaplian	☒ Change ☐ Addition
NAME	COE, CARRIE	52 NAME	Willie Ward	
STREET ADDRESS	621 W. 44TH ST. #75	53 STREET ADDRESS	621 west 44th street	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BYRD, JEWELL	62 NAME	Shirley Holmes	
STREET ADDRESS	621 W. 44TH ST. #119	63 STREET ADDRESS	621 west 44th	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville,Fl 32208	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Johnny D. Baker — Henry D. Baker — (904)924-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026912