

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001246

1. Entity Name

ARARAT COMMUNITY CENTER, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90007 044 \*\*\*\*61.25

Principal Place of Business

2503 N MYRTLE AVE  
 JACKSONVILLE FL 32209

Mailing Address

2503 N MYRTLE AVE  
 JACKSONVILLE FL 32209-5024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3303295

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

JOHNSON, EVERLENE  
 2503 N MYRTLE AVE  
 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.

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME CHATMAN, RUTH  
 STREET ADDRESS 3622 GRUNTHAL ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete  
 NAME SINCLAIR, MARVA  
 STREET ADDRESS 1581 W. 14TH ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☒ Delete  
 NAME THORPE, KEVIN  
 STREET ADDRESS 5533 BELAFONTE DR.  
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete  
 NAME JETER, E. C. III  
 STREET ADDRESS 340 GWINNETT RD.  
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Shirley Fenney  
 STREET ADDRESS 2644 Wylene ST.  
 CITY-ST-ZIP Jacksonville, FL 32209

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

TITLE ☐ Change ☐ Addition  
 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 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:

*Signature Required* - EVERLENE JOHNSON 3/15/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)