

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001246**

1. Entity Name  
**ARARAT COMMUNITY CENTER, INC.**



Principal Place of Business  
**2503 N MYRTLE AVE  
JACKSONVILLE, FL 32209**

Mailing Address  
**2503 N MYRTLE AVE  
JACKSONVILLE, FL 32209**



03182005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3303295**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JOHNSON, EVERLENE  
2503 N MYRTLE AVE  
JACKSONVILLE, FL 32209**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
FENNEY, SHIRLEY  
2644 WYLEN ST  
JACKSONVILLE, FL 32209**

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

000000214212  
US/24/05-80001-035 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Shirley Fenney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05

Date

Daytime Phone #