

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90014 031 ****61.25

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

50001870



01232006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Ruth A. Chatman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth A. Chatman
2/23/06 (904) 334-7893
Date Daytime Phone #