

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 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**



02012007 No Chg-NP CR2E037 (4/06)

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**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000664171
03/22/07-80032-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CHATMAN, RUTH
STREET ADDRESS	3622 GRUNTHAL ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	SINCLAIR, MARVA
STREET ADDRESS	1581 W. 14TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	FENNEY, SHIRLEY
STREET ADDRESS	2644 WYLEN ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	JETER, E. C. III
STREET ADDRESS	340 GWINNETT RD.
CITY-ST-ZIP	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**

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: *Shirley Fenney Shirley Fenney* **3/4/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #