

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001246

FILED
Apr 21, 2009
Secretary of State

Entity Name: ARARAT COMMUNITY CENTER, INC.

Current Principal Place of Business:

2503 N MYRTLE AVE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2503 N MYRTLE AVE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3303295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHATMAN, RUTH
Address: 3622 GRUNTHAL ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: SINCLAIR, MARVA
Address: 1581 W. 14TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: FENNEY, SHIRLEY
Address: 2644 WYLEN ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: JETER, E. C. III
Address: 340 GWINNETT RD.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEALY ALEXANDER

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date