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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005200 (8)

1. Corporation Name

ST. PAUL COMMUNITY EMPOWERMENT CENTER, INC.

Principal Place of Business

Mailing Address

3736 WINTON DRIVE  
JACKSONVILLE FL 32208

3736 WINTON DRIVE  
JACKSONVILLE FL 32208-2924



3. Date Incorporated or Qualified  
10/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLETTE, CHARLIE J JR  
3410 N. MYRTLE AVENUE  
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME D  
GUNS, JOHN E M.DV.  
STREET ADDRESS 1733 GALLADION COURT  
CITY-ST-ZIP JACKSONVILLE FL 32218

D  
LANKFORD, GAYLYNN  
1.2 NAME  
1.3 STREET ADDRESS 5991 CHESTER AVE. SUITE 111  
1.4 CITY-ST-ZIP JAX. FL. 32217

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME D  
HUNTER, CLAUDE  
STREET ADDRESS 4338 TRENTON DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32209

D  
HAMPTON OWENS  
2.2 NAME  
2.3 STREET ADDRESS BARNETT BK OF JAX.  
2.4 CITY-ST-ZIP 5859 MONCRIEF RD. 32209

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME D  
CROSS, PAYTIE  
STREET ADDRESS 2038 FOREST HILLS ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32208

D  
ISIAH WILLIAMS  
3.2 NAME  
3.3 STREET ADDRESS 8905-B CASTLE BLVD.  
3.4 CITY-ST-ZIP JAX. FL. 32208

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME D  
CRUMADY, LOUISE  
STREET ADDRESS 5325 FOXBORO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32208

D  
HOLZENDORF, KING  
4.2 NAME  
4.3 STREET ADDRESS 220 E. BAY ST.  
4.4 CITY-ST-ZIP JAX. FL. 32202

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME D  
GILLETTE, CHARLIE J JR.  
STREET ADDRESS 3410 NORTH MYRTLE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

D  
THREADCRAFT, MILTON  
5.2 NAME  
5.3 STREET ADDRESS 3663 RAINES AVE.  
5.4 CITY-ST-ZIP JAX. FL. 32208

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME D  
HENRY, WILLIE  
STREET ADDRESS 6826 RHONE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

D  
BLUNT, IZELL  
6.2 NAME  
6.3 STREET ADDRESS 1780 PEARCE ST.  
6.4 CITY-ST-ZIP JAX. FL. 32209

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

CR2E037 (9/96)