

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90413 031 ****61.25

DOCUMENT # N96000005200

1. Entity Name

ST. PAUL COMMUNITY EMPOWERMENT CENTER, INC.

Principal Place of Business

Mailing Address

**3738 WINTON DRIVE
 JACKSONVILLE FL 32208**

**3738 WINTON DRIVE
 JACKSONVILLE FL 32208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3416251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNTER, CLAUDE
 4338 TRENTON DRIVE SOUTH
 JACKSONVILLE FL 32209**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Claude Hunter

3/10/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☒ Delete
 NAME **GUNS, JOHN E M.DIV.**
 STREET ADDRESS **1733 GALLADION COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Change ☒ Addition
 NAME **Vivian Michael**
 STREET ADDRESS **2504 Burgoune Dr.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **CD** ☐ Delete
 NAME **WILLIAMS, ISIAH J III**
 STREET ADDRESS **6172 PETIFORD DRIVE WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** ☐ Change ☒ Addition
 NAME **E.S. Ashley**
 STREET ADDRESS **4017 Cog Hill Court**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **CD** ☒ Delete
 NAME **COTTON, KEVIN T**
 STREET ADDRESS **1601 DUNN AVENUE., #716**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Change ☒ Addition
 NAME **Deborah Harris**
 STREET ADDRESS **10321 Piedmont Rd.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **S** ☐ Delete
 NAME **BOWER, MARY**
 STREET ADDRESS **2910 SELAWICK LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Change ☒ Addition
 NAME **Tony Nelson**
 STREET ADDRESS **218 West Adams Street Suite 504**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **T** ☐ Delete
 NAME **HUNTER, CLAUDE**
 STREET ADDRESS **4338 TRENTON DRIVE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GILLETTE, CHARLES E ESQ**
 STREET ADDRESS **603 NORTH MARKET STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)