

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005200

1. Entity Name

ST. PAUL COMMUNITY EMPOWERMENT CENTER, INC.

**FILED**  
May 17, 2002 8:00 am  
Secretary of State

05-17-2002 90017 044 \*\*\*\*70.00

Principal Place of Business

3738 WINTON DRIVE  
JACKSONVILLE FL 32208

Mailing Address

3738 WINTON DRIVE  
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3416251

Applied For

Not Applicable

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

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 ☒ Delete  
NAME MICHAEL, VIVAN  
STREET ADDRESS 2504 BARGOUGNE DR  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☒ Addition  
NAME Atty Charles Gillette Jr  
STREET ADDRESS 603 North market St  
CITY-ST-ZIP Jax., fl 32202

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

TITLE ☐ Change ☒ Addition  
NAME William Truitt  
STREET ADDRESS 3405 Atlantic Blvd  
CITY-ST-ZIP Jax., FL 32205

TITLE ☐ Delete  
NAME ASHLEY, E S  
STREET ADDRESS 4017 COG HILL COURT  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☒ Addition  
NAME Ted Corley  
STREET ADDRESS 3738 Winton Dr  
CITY-ST-ZIP Jax., FL 32208

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

TITLE ☐ Change ☒ Addition  
NAME Willye Dennis  
STREET ADDRESS 3738 Winton Dr  
CITY-ST-ZIP Jax., FL 32208

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

TITLE ☐ Change ☒ Addition  
NAME John Guns  
STREET ADDRESS 3738 Winton Drive  
CITY-ST-ZIP Jax., FL 32208

TITLE ☐ Delete  
NAME HARRIS, DEBORAH  
STREET ADDRESS 10321 PIEDMONT RD  
CITY-ST-ZIP JACKSONVILLE FL 32218

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:

Mary Bower

4-25-02

768-7112 ext 114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)