2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 08:00 A
Secretary of State

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

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07172006 No Chg-NP CR2E037 (4/06)

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

TUCKER, JANICE
6348 BARRY DR WEST
JACKSONVILLE, FL 32208

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	TAYLOR, BRACY
STREET ADDRESS	859 TORTOISE WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	DENNIS, WILLYE
STREET ADDRESS	3111 WOODLAWN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	FARMER, JOHNNY
STREET ADDRESS	5435 ORTEGA BLUFF LN
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	GUNS, JOHN
STREET ADDRESS	1733 GALLAHADION COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	TUCKER, JANICE
STREET ADDRESS	6348 BARRY DR WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	S
NAME	SMITH, CORNELIUS
STREET ADDRESS	4113 CLYDE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208

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08/14/06-80006-015 61.25

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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: Janice Tucker 8/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #