# 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
3738 WINTON DRIVE
JACKSONVILLE, FL 32208

Mailing Address
3738 WINTON DRIVE
JACKSONVILLE, FL 32208

07172006 No Chg-NP CR2E037 (4/06)

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

**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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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 #