## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010208

Entity Name: TWIN TOWERS RESIDENT COUNCIL, INC.

**FILED** Mar 04, 2024 **Secretary of State** 8595283298CC

# **Current Principal Place of Business:**

617 W 44TH STREET

202

JACKSONVILLE, FL 32208

# **Current Mailing Address:**

617 W 44TH STREET

202

JACKSONVILLE, FL 32208 US

FEI Number: 80-0188750 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BALKCOM, PATRICIA 621 W 44TH STREET #116

JACKSONVILLE, FL 32208 US

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: PATRICIA BALKCOM 03/04/2024

> Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title Title

Name CUMMINGS, LAVERNE Name HAMPTON, DONALD 617 W 44TH STREET - APT. #68 621 W 44TH STREET Address Address

#76 JACKSONVILLE FL 32208 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32208

Title **SECRETARY** Title **TREASURER** 

Name BROWN, FELECIA Name BALKCON, PATRICIA

621 W 44TH STREET Address Address 621 W 44TH STREET #70

#116

City-State-Zip: JACKSONVILLE FL 32208 City-State-Zip: JACKSONVILLE FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAVERNE CUMMINGS

**PRESIDENT** 

03/04/2024