

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010208

**Entity Name:** TWIN TOWERS RESIDENT COUNCIL, INC.

**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:**

EDWARDS, GREGORY  
617 W 44TH STREET #142  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CUMMINGS, LAVERNE  
Address 617 W 44TH STREET - APT. #68  
City-State-Zip: JACKSONVILLE FL 32208

Title V  
Name EDWARDS, GREGORY  
Address 617 W 44TH STREET - APT. 142  
City-State-Zip: JACKSONVILLE FL 32208

Title T  
Name GRAY, MARIAN  
Address 617 W 44TH STREET - APT. 69  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name BALKCON, PATRICIA  
Address 617 W 44TH STREET - APT. 28  
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: GREGORY EDWARDS**

**TREASURER**

**03/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date