

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003775

**Entity Name:** ADVOCATES FOR COMMUNITY RECONCILIATION AND EMPOWERMENT INC

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC5617154980**

**Current Principal Place of Business:**

518 3RD AVE S, #1115  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

518 3RD AVE S, #1115  
ST PETERSBURG, FL 33701 US

**FEI Number: 81-2211095**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FOUNTAIN, BETH  
518 3RD AVE S, #1115  
ST PETERSBURG, FL 33701 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 PS  
Name FOUNTAIN, BETH  
Address 518 3RD AVE S APT 1115  
City-State-Zip: ST PETERSBURG FL 33701

Title D  
Name DEITRICK, VICKI  
Address 1600 GANDY BOULEVARD NORTH  
#604  
City-State-Zip: ST PETERSBURG FL 33702

Title D  
Name WILLIAMS, DELORES  
Address 518 3RD AVE S, #701  
City-State-Zip: ST PETERSBURG FL 33701

*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: BETH FOUNTAIN**

**PRESIDENT**

**04/07/2017**

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

\_\_\_\_\_  
Date