

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000003746

Entity Name: THE JOHN ELLISON COMMUNITY RECOVERY CENTER INC**Current Principal Place of Business:**4688 CAMP CREEK LANE
ORANGE PARK, FL 32065**Current Mailing Address:**4688 CAMP CREEK LANE
ORANGE PARK, FL 32065 US**FEI Number: 81-4725101****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLISON, JOHN
8381 BAYMEADOWS ROAD
STE. A
JACKSONVILLE, FL 32256 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	CEO
Name	ELLISON, JOHN
Address	4688 CAMP CREEK LANE
City-State-Zip:	ORANGE PARK FL 32065

Title	T
Name	ELLISON, TEKESHA
Address	4688 CAMP CREEK LANE
City-State-Zip:	ORANGE PARK FL 32065

Title	SECRETARY
Name	WHITTED-JACKSON, HARRIETT
Address	12524 HAMMERSMITH COURT
City-State-Zip:	CHARLOTTE NC 28262

Title	DIRECTOR
Name	AIKEN, RODNEY
Address	4116 N DAVIS ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	DORRY, DONALD
Address	8381 BAYMEADOWS RD A
City-State-Zip:	JACKSONVILLE FL 32256

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: JOHN ELLISON**CEO****03/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date