


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90175 001 \*\*\*\*61.25  
 05-16-2008 90175 002 \*\*\*\*\*8.75

**DOCUMENT # 742601**

1. Entity Name  
 A.M.E. HOUSING AGENCY OF FLORIDA, INC.



Principal Place of Business  
 9050 NORFOLK BLVD.  
 JACKSONVILLE, FL 32208

Mailing Address  
 9050 NORFOLK BLVD.  
 JACKSONVILLE, FL 32208

**66010856**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-1846324

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, MCKINLEY  
 101 E. UNION STREET  
 SUITE #301  
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, MCKINLEY	
STREET ADDRESS	101 EAST UNION STREET, #301	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DESUE, THOMAS B	
STREET ADDRESS	101 EAST UNION STREET #301	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARNES, GEORGE A	<b>SEE ATTACHED</b>
STREET ADDRESS	4991 SOUDEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] **President** Date: 04/08/08 Daytime Phone #: (904)355-8262

66010856 ATTACHMENT

A.M.E. Housing Agency of Florida, Inc. Document # 742601

**Additions/ Changes to Officers:**

George Barnes – **Delete**  
4991 Soutel Drive  
Jacksonville, FL 32208

Ava Parker (Director) – **Addition**  
101 East Union Street # 200  
Jacksonville, FL 32202

Craig Gibbs (Director) - **Addition**  
1200 Riverplace Blvd # 810  
Jacksonville, FL 32207

Pamela Prier (Director) - **Addition**  
10990 Hickory Trace Lane  
Jacksonville, FL 32256

Mike Whyard (Director) – **Addition**  
9715 Gate Parkway North  
Jacksonville, FL 32246

William Tierney (Director) – **Addition**  
3510 N. Ride Drive  
Jacksonville, FL 32223

Joseph Sanchez (Director) – **Addition**  
2986 Shoreward Ave  
Orange Park, FL 32073

James Proctor (Director) - **Addition**  
11423 Bridges Road  
Jacksonville, FL 32218

Lorraine Cochrane (Director) – **Addition**  
2931 Stonehurst Road East  
Jacksonville, FL 32277