

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90005 017 ****61.25

DOCUMENT # N00000003847

1. Entry Name

**EMERGENCY SERVICES & HOMELESS COALITION OF
JACKSONVILLE, INC.**



Principal Place of Business

900 UNIVERSITY BLVD. S, STE 405
JACKSONVILLE FL 32211

Mailing Address

900 UNIVERSITY BLVD. S, STE 405
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3676999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, VIRGIL
900 UNIVERSITY BLVD. S, STE 405
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name **Wanda Lanier**

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

900 University Blvd. North, Suite 405

City

Jacksonville

FL

Zip Code
32211

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

Wanda Lanier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 27, 2004

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 CPD
NAME SCHEU, WILLIAM ☒ Delete
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ~~Director~~ **XX CHANGE** ☐ Delete
NAME YOUNG, IRIS
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ~~D~~ ☒ Delete
NAME GHIOTO, JEANNETTE
STREET ADDRESS 900 UNIVERSITY BLVD., N. STE. 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE DT ☒ Delete
NAME HUTCHINGS, GEORGE
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ~~D~~ ☒ Delete
NAME LANIER, LINDA
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ~~D~~ ☒ Delete
NAME EVANS, WILL
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chair ☐ Change ☒ Addition
NAME Sidney Simmons
STREET ADDRESS 900 University Blvd. N, Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Vice Chair ☐ Change ☒ Addition
NAME John Edwards
STREET ADDRESS 900 University Blvd. N. Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Secretary ☐ Change ☒ Addition
NAME Carl Falconer
STREET ADDRESS 900 University Blvd. N. Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Treasurer ☐ Change ☒ Addition
NAME Valerie Baham
STREET ADDRESS 900 University Blvd. N. Ste 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Director ☐ Change ☒ Addition
NAME Mike Cochran
STREET ADDRESS 900 University Blvd. N. Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Director ☐ Change ☒ Addition
NAME Doug Ganson
STREET ADDRESS 900 University Blvd. N. Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wanda Lanier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

Daytime Phone #

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Attachment

PAGE 2

ADDITIONAL DIRECTORS LISTED

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JACKSONVILLE FL 32211

54007934



MOORE CR2E037 (11/03)

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Suite, Apt. #, etc.

City & State

Zip

Country

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Suite, Apt. #, etc.

City & State

Zip

Country

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Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

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TITLE Director XX Addition ☐ Delete
NAME Rev. Gabe Goodman
STREET ADDRESS 900 University Blvd. N. Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Director XX ADDITION ☐ Delete
NAME Judy Hall
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE Director XX ADDITION ☐ Delete
NAME Tom Joyner
STREET ADDRESS 900 UNIVERSITY BLVD., N. STE. 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE Director XX ADDITION ☐ Delete
NAME Charles Mims
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE Director XX ADDITION ☐ Delete
NAME Capt. Dean Moretz
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE Director XX ADDITION ☐ Delete
NAME Stephanie Sloan-Butler
STREET ADDRESS 900 UNIVERSITY BLVD. STE 405
CITY-ST-ZIP JACKSONVILLE FL 32211

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TITLE Director ☐ Change ☒ Addition
NAME Deborah Young
STREET ADDRESS 900 University Blvd. N. Ste. 405
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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SIGNATURE:

David S. Sumner President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

Daytime Phone #