

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90045 037 ****61.25

DOCUMENT # N00000003847

1. Entity 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**

50010064



2. Principal Place of Business
900 University Blvd North

3. Mailing Address
900 University Blvd N

Suite, Apt. #, etc.
405

Suite, Apt. #, etc.
405

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32211

Country
Duval

Zip
32211

Country
Duval

01122005 Chg-NP

CR2E037 (10/03)

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

**LANIER, WANDA
900 UNIVERSITY BLVD. S, STE 405
JACKSONVILLE, FL 32211**

See correction

7. Name and Address of New Registered Agent

Name

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

900 University Blvd N Ste 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, WANDA LANIER, Executive Director 1-13-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	C	☐ Delete
NAME	SIMMONS, SIDNEY	
STREET ADDRESS	900 UNIVERSITY BLVD. N, STE. 405	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VC	☐ Delete
NAME	EDWARDS, JOHN	
STREET ADDRESS	900 UNIVERSITY BLVD. N, STE. 405	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	S	☐ Delete
NAME	FALCONER, CARL	
STREET ADDRESS	900 UNIVERSITY BLVD. N, STE 405	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	T	☐ Delete
NAME	BAHAM, VALERIE	
STREET ADDRESS	900 UNIVERSITY BLVD. STE 405	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	☐ Delete
NAME	COCHRAN, MIKE	
STREET ADDRESS	900 UNIVERSITY BLVD. STE 405	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	☐ Delete
NAME	GANSON, DOUG	
STREET ADDRESS	900 UNIVERSITY BLVD. STE 405	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	☐ Change ☒ Addition
NAME	Stephanie Sloan - Butler	
STREET ADDRESS	900 University Blvd N Ste 405	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	T	☐ Change ☒ Addition
NAME	Tom Joyner	
STREET ADDRESS	900 University Blvd N Ste 405	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	D	☒ Change ☐ Addition
NAME	Carl Falconer	
STREET ADDRESS	900 University Blvd N Ste 405	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	D	☒ Change ☐ Addition
NAME	Valerie Baham	
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		

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:

Thomas Ganson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-05 904-7444669



ATTACHMENT
#N00000003847
50010064

Complete List: Board of Directors

Chairman – Sidney Simmons
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Judy Hall
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Vice Chairman – John Edwards
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Kevin Hyde
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Treasurer – Tom Joyner
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Sharon Woolbright
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Secretary – Stephanie Sloan-Butler
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Iris Young
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Charles Allen
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Valerie Baham
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Mike Cochran
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Carl Falconer
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Doug Ganson
900 University Blvd N, Ste. 405
Jacksonville, FL 32211

Director – Gabe Goodman
900 University Blvd N, Ste. 405
Jacksonville, FL 32211