

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003847

FILED
Jan 25, 2006
Secretary of State

Entity Name: EMERGENCY SERVICES & HOMELESS COALITION OF JACKSONVILLE, INC.

Current Principal Place of Business:

900 UNIVERSITY BLVD NORTH
405
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

900 UNIVERSITY BLVD NORTH
405
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3676999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIER, WANDA
900 UNIVERSITY BLVD. N, STE 405
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

LANIER, WANDA
900 UNIVERSITY BLVD. NORTH
405
JACKSONVILLE, FL 32211 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: WANDA J. LANIER

01/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SIMMONS, SIDNEY
Address: 900 UNIVERSITY BLVD. N, STE. 405
City-St-Zip: JACKSONVILLE, FL 32211

Title: VC () Delete
Name: EDWARDS, JOHN
Address: 900 UNIVERSITY BLVD. N, STE. 405
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: FALCONER, CARL
Address: 900 UNIVERSITY BLVD. N, STE 405
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: BAHAM, VALERIE
Address: 900 UNIVERSITY BLVD N, STE405
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: COCHRAN, MIKE
Address: 900 UNIVERSITY BLVD. STE 405
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: GANSON, DOUG
Address: 900 UNIVERSITY BLVD. STE 405
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIDNEY S. SIMMONS II

C

01/25/2006

Electronic Signature of Signing Officer or Director

Date