

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003847

FILED
Jun 25, 2009
Secretary of State

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

Current Principal Place of Business:

1016 OAK STREET
JACKSONVILLE, FL 32204 39

New Principal Place of Business:

4527 LENOX AVE
JACKSONVILLE, FL 32205 39

Current Mailing Address:

1016 OAK STREET
JACKSONVILLE, FL 32206 39

New Mailing Address:

4527 LENOX AVE
JACKSONVILLE, FL 32205 39

FEI Number: 59-3676999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILBERT, DIANE
1016 OAK STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

KEESLING, DIANE GILBERT
4527 LENOX AVE
JACKSONVILLE, FL 32205 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: DIANE GILBERT KEESLING

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: EDWARDS, JOHN
Address: 4070 BLVD. CTR. DR, BLDG. 4500, STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC () Delete
Name: GANSON, DOUG
Address: 301 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: SLOAN BUTLER, STEPHANIE
Address: 501 E. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: ANDERSON, TERRI
Address: 7749 NORMANDY BLVD. #155
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GANSON, DOUG
Address: 301 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VC (X) Change () Addition
Name: PEDRICK, NANCY
Address: 4034 BOONE PARK AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S (X) Change () Addition
Name: PAULY, JOHN
Address: 1826 BAYARD PLACE, #1
City-St-Zip: JACKSONVILLE, FL 32205

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

I hereby certify that the information supplied with this filing does not qualify 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: DOUG GANSON

C

06/25/2009

Electronic Signature of Signing Officer or Director

Date