2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
04-18-2003 90192 016 ****61.25

DOCUMENT # N00000003847

1. Entity Name

EMERGENCY SERVICES & HOMELESS COALITION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
900 UNIVERSITY BLVD. S. STE 405 JACKSONVILLE FL 32211	900 UNIVERSITY BLVD. S. STE 405 JACKSONVILLE FL 32211

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~GREEN, VIRGIL~~ Lanier, Wanda 900 UNIVERSITY BLVD. S, STE 405 JACKSONVILLE FL 32211	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 Wanda Lanier, WANDA LANIER, EXECUTIVE DIRECTOR 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD SCHEU, WILLIAM 900 UNIVERSITY BLVD. STE 405 JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman John Edwards 900 University Blvd. N. Ste 405 Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YOUNG, IRIS 900 UNIVERSITY BLVD. STE 405 JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jeannette Ghioto 900 University Blvd. N. Ste 405 Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULY, JOHN 900 UNIVERSITY BLVD. STE 406 JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carl Falconer 900 University Blvd. N. Ste 405 Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GREEN, VIRGIL 900 UNIVERSITY BLVD. STE 405 JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director George Hutchings 900 University Blvd. N. Ste. 405 Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANIER, LINDA 900 UNIVERSITY BLVD. STE 405 JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Valerie Baham 900 University Blvd. N. Ste. 405 Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, WILL 900 UNIVERSITY BLVD. STE 405 JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mike Cochran 900 University Blvd. N Ste. 405 Jacksonville, FL 32211	☐ Change ☒ Addition

CR2E037 (10/02)

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 REQUIRED 4/16/03 (904) 743-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
H11000000003847 58036119

Officers and Directors Additions

Title	Director
Name	Michael Teachey
Street Address	900 University Blvd. N. Ste. 405
City, State, Zip	Jacksonville, FL 32211
Title	Director
Name	Rev. Gabe Goodman
Street Address	900 University Blvd. N. Ste. 405
City, State, Zip	Jacksonville, FL 32211
Title	Director
Name	Stephanie Sloan-Butler
Street Address	900 University Blvd. N. Ste. 405
City, State, Zip	Jacksonville, FL 32211