

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34544 (9)
 1. Corporation Name
JEFFERSON COUNTY HOUSING COALITION, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM J. YATES 425 N. CHERRY STREET MONTICELLO FL 32344	C/O WILLIAM J. YATES 425 N. CHERRY STREET MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1989	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2978889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199(9)(2), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. C/O Jack B. Williams	26. C/O Jack B. Williams
Suite, Apt. #, etc. 22. 425 N. Cherry St.	Suite, Apt. #, etc. 27.
City & State 23. Monticello FL	City & State 28.
Zip 24. 32344	Country 25. USA
29. 	30.

9. Name and Address of Current Registered Agent

**YATES, WILLIAM J.
425 N. CHERRY STREET
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

81 Name	WILLIAMS, JACK B.
82 Street Address (P.O. Box Number is Not Acceptable)	425 N. Cherry St
83	
84 City	Monticello FL
85 Zip Code	32344

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jack B. Williams **Jack B. Williams** 4/9/95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	YATES, WILLIAM J.
STREET ADDRESS	605 W. MADISON ST.
CITY - ST - ZIP	MONTICELLO FL
TITLE	D
NAME	BROWN, CLIFFORD
STREET ADDRESS	635 E. MADISON ST.
CITY - ST - ZIP	MONTICELLO FL
TITLE	D
NAME	HALL, MARTHA S.
STREET ADDRESS	670 E. POPLAR ST.
CITY - ST - ZIP	MONTICELLO FL
TITLE	D
NAME	MCDUFFY, ANNIE
STREET ADDRESS	P. O. BOX 412 N/A
CITY - ST - ZIP	WACISSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILLIAMS, JACK B.	
13 STREET ADDRESS	Route 1, Box 116	
14 CITY - ST - ZIP	Monticello FL 32344	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Jack B. Williams **Jack B. Williams** 4/9/95 (904) 997-3958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Employee Name #)