

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90354 048 ****61.25

0003280

DOCUMENT # N98000006674

1. Entity Name

HABITAT RESOURCES OF DUVAL COUNTY, INC.



Principal Place of Business

**2404 HUBBARD STREET
JACKSONVILLE FL 32206**

Mailing Address

**2404 HUBBARD STREET
JACKSONVILLE FL 32206**

11036903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3545174**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARKER, FRANK
2404 HUBBARD STREET
JACKSONVILLE FL 32206**

Name **Joseph Y. Honeycutt**

Street Address (P.O. Box Number is Not Acceptable)
2404 Hubbard St.

City **Jacksonville** FL Zip Code **32206**

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CURRIE, BRIAN	
STREET ADDRESS	50 N LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SURFACE, JOHN	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADDOCK, CAROL	
STREET ADDRESS	1725 MEMORIAL PK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, FELICIA	
STREET ADDRESS	2024 MEHARR AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BARKER, FRANK	
STREET ADDRESS	47 W 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	M	<input type="checkbox"/> Delete
NAME	SUGAR, BRENDA	
STREET ADDRESS	1831 4TH ST. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Randall Evans	
STREET ADDRESS	500 Water St.	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal VonStein	
STREET ADDRESS	Lafayette Brack + Assoc.	
CITY-ST-ZIP	1301 Riverside Blvd, Suite 400 Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Honeycutt	
STREET ADDRESS	2404 Hubbard St.	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

CR2E037 (10/02)