

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712846

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALCO HALF WAY HOUSE, INC.

Current Principal Place of Business:

1120 HUBBARD STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1120 HUBBARD STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-6203034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON JAMES
10230 BEACH BLVD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACKSON JAMES
Address: 10230 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: ROHRBACK, CLEVELAND W
Address: 3339 ALDRIDGE MALL
City-St-Zip: JACKSONVILLE, FL 32250

Title: SD () Delete
Name: ROYAL, DEBORAH
Address: 4606 ILAH RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: BROOKS III, THOMAS W.
Address: 1301 RIVERPLACE BLVD., #2014
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: BRAUNEGG, RICH
Address: 1779 GRAN CRIQUE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACKSON, JAMES P
Address: 10230 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VD (X) Change () Addition
Name: ROHRBACK, CLEVELAND W
Address: 3339 ALDRIDGE MALL
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: SD (X) Change () Addition
Name: ROYAL, DEBORAH
Address: 4606 ILAH RD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TD (X) Change () Addition
Name: BROOKS III, THOMAS W
Address: 1301 RIVERPLACE BLVD., #2014
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: BM (X) Change () Addition
Name: HAYS, CHRIS J
Address: 1120 HUBBARD ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: BM () Change (X) Addition
Name: NARKIEWICZ, VINCENT
Address: VAREFOOT TRACE 2220 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32233 US

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: JAMES P JACKSON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date