2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 717123

1. Entity Name

JACKSONVILLE URBAN LEAGUE HOUSING, HEALTH AND COMMUNITY DEVELOPMENT FOUNDATION, INC.



FILED Mar 09, 2004 8:00 am Secretary of State

03-09-2004 90032 007 ****70.00

COMMONITY DEVELOPMENT POUNDATION, INC.												
Principal Place	e of Business		Mailing Addre	Mailing Address								
903 W. UNION STREET			903 W. UNI	903 W. UNION STREET								
JACKSONVILLE FL 32204			JACKSONV	JACKSONVILLE FL 32204								
							1 18841 (4.0					
2. Principal P	lace of Busines	SS	3. Mailing Add	3. Mailing Address								
									(8 1111 B1511 B1811 B11	H 61811 Cibil 613		
Suite, Apt.	#, etc.		Suite, Apt	Suite, Apt. #, etc.				MOORE CR2E037 (11/03)				
City & State	ρ		City & Sta	City & State						ΙΔn	plied For	
Only a oran	•		Only de Ona	ony declare			4. FEI Number 23-7095139 Applied For Not Applicab					
Zip Country			Zip	Zip Coun			5 Cortificate of S	Z S	8.75 Add	litional		
							5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent					
	nd Address of Curren	nt	Name		7. Name and Ad	dress of New F	Registered A	gent				
DANFORD, RICHARD						•						
	W. UNION						Street Address (P.O. Box Number is Not Acceptable)					
JĂČ	KSONVILL	E FL 32204										
										Zip Code		
									FL	2ip codi		
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 obligati	tions of register	ed agent.										
SIGNATURE -	Signature, typed or	printed name of registered age	nt and title if applicable.	(NOTE:	Registered Agent sign	nature required	d when reinstating)		DATE			
The second second	# 1. 4343 CVC		_					- in a const	n a said a constant i	25781798	5 5 5 5 6 6 6 6 6 6	
		FEE IS \$61.25	2.00% (20es 2000) (20es 20es 2	Election Camp Trust Fund Co	oaign Financing ontribution.		\$5.00 May Be Added to Fees		ake Check da Departi			
	Due by I	May 1, 2004				16.78.697544			建设设置			
10.	IVD	OFFICERS AND D			11.		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIR			
MILE	VD TAYLOR, JII	M	(X	Delete	TITLE NAME	V	_ '			X Change	☐ Addition	
NAME Street Address	ARRE IDOOLIOIS AVENUE					WILLIAMS, JACQUELINE RESS 8809 LOMAX STREET					ļ	
CITY-ST-ZIP JACKSONVILLE FL 32210				CITY			COOP BOIMS CIREDI					
TITLE	VCD			Delete	TITLE	JA	GROON VILLE	, PLORIDA	3 JLLUT	Change	Addition	
NAME	JONES, CAF		7	. 50.000	NAME					<u> </u>		
STREET ADDRESS	600 WHARE	SIDE WAY ILLE FL 32207			STREET ADDRESS	3						
CITY-ST-ZIP		LLE FL 32201			CITY-ST-ZIP		-					
TITLE	PD DANFORD,	RICHARD.		Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	903 W. UNK				NAME STREET ADDRESS		• • ••-					
CITY-ST-ZIP	JACKSONV	ILLE FL 32204			CITY-ST-ZIP							
TITLE			Ė	Delete	TITLE				**	Change	☐ Addition	
NAME					NAME							
STREET ADDRESS					STREET ADDRESS	S						
CITY-ST-ZIP					CITY-ST-ZIP							
TITLE				Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME STREET ADORES						,	
CITY-ST-ZIP					CITY-ST-ZIP	`						
TITLE			ţ-	Delete	TITLE			.,		☐ Change	Addition	
NAME			£	n neiere	NAME							
STREET ADDRESS					STREET ADDRES	s						
CITY-ST-ZIP					CITY-ST-ZIP	<u> </u>						
12 Lhereby	certify that the	information supplied w	ith this filing does r	not qualify for	the exemption s	tated in Se	ection 119 07(3)(i) I	Fiorida Statutes	i further certi	fy that the i	nformation	

a. Enterby certify that the information supplied with this relining does not quality for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OF PRINTED IN THE OF SIGNING OFFICER OR DIRECTOR

RICHARD DANFORD

3-4-04

904-3568336

Date

Daylime Phone #