

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:48

DOCUMENT # 721940 (5)

1. Corporation Name

CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PROVIDENCE CENTER C/O SANDRA B. BONNA
134 E CHURCH ST 134 E CHURCH ST
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202
US US

3. Date Incorporated or Qualified 10/26/1971 3a. Date of Last Report 03/15/1994
4. FEI Number 59-1830079 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Providence Center 20 Sandra B. Bonna
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 134 E. Church Street 27 134 E. Church Street
City & State City & State
23 Jacksonville FL 28 Jacksonville FL
Zip Country Zip Country
24 32202 25 USA 29 32202 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
JOOS, WILLIAM J B1 Name
231 E ADAMS STREET B2 Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32202 B3
B4 City FL B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNBAR, JILL	1.2 NAME	Robson, Sally
STREET ADDRESS	6304 W SAN JOSE BLVD	1.3 STREET ADDRESS	1133 Ionia Street
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	STD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNA, SANDRA B	2.2 NAME	Yates, Alton
STREET ADDRESS	134 E CHURCH ST	2.3 STREET ADDRESS	421 W. Church Street Suite 412
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOCKER, WILLIAM	3.2 NAME	Fowler, Hollis Jr.
STREET ADDRESS	STE 2532, GULF LIFE TOWER	3.3 STREET ADDRESS	8739 Ricardo Lane
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, RAFAEL	4.2 NAME	
STREET ADDRESS	5934 HICKSON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARVEY, JAMES	5.2 NAME	
STREET ADDRESS	2453 S 3RD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINK, HAZEL	6.2 NAME	
STREET ADDRESS	414 WEST 16TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 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 110.07(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 changed, or on an attachment with an address.

SIGNATURE: Sandra B. Bonna 1-23-95 904-632-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials from 2)

Sandra B. Bonna