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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 721940 (5)

1. Corporation Name
CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business: PROVIDENCE CENTER, 134 E CHURCH ST, JACKSONVILLE FL 32202
Mailing Address: C/O SANDRA B. BONNA, 134 E CHURCH ST, JACKSONVILLE FL 32202-3130

3. Date Incorporated or Qualified: 10/26/1971
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business: 21 Providence Center, Suite, Apt. #, etc. 22 134 E. Church St., City & State 23 Jacksonville, FL, Zip 24 32202, Country 25 USA
2a. Mailing Address: 26 Sandra B. Bonna, Suite, Apt. #, etc. 27 134 E. Church St., City & State 28 Jacksonville, FL, Zip 29 32202, Country 30 USA
4. FEI Number: 59-1830079, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JOOS, WILLIAM J
231 E ADAMS STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: STD, NAME: BONNA, SANDRA B, STREET ADDRESS: 134 E CHURCH ST, JACKSONVILLE FL
TITLE: D, NAME: GLOCKER, WILLIAM, STREET ADDRESS: STE 2532, GULF LIFE TOWER, JACKSONVILLE, FL 00000
TITLE: D, NAME: MCGARVEY, JAMES, STREET ADDRESS: 2453 S 3RD ST, JACKSONVILLE BCH FL
TITLE: D, NAME: PINK, HAZEL, STREET ADDRESS: 414 WEST 16TH ST, JACKSONVILLE FL
TITLE: _____, NAME: _____, STREET ADDRESS: _____
TITLE: _____, NAME: _____, STREET ADDRESS: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D, 1.2 NAME: T. William Glocker, Esq, 1.3 STREET ADDRESS: One Independent Dr. - Suite 3000, 1.4 CITY-ST-ZIP: Jacksonville, FL 32202
2.1 TITLE: P/D, 2.2 NAME: Alton W. Yates, 2.3 STREET ADDRESS: 2923 Ribault Scenic Dr., 2.4 CITY-ST-ZIP: Jacksonville, FL 32208
3.1 TITLE: V/D, 3.2 NAME: Rev. William Kelly, 3.3 STREET ADDRESS: 224 N. Fifth St., 3.4 CITY-ST-ZIP: Jacksonville Beach, FL 32250
4.1 TITLE: _____, 4.2 NAME: _____, 4.3 STREET ADDRESS: _____, 4.4 CITY-ST-ZIP: _____
5.1 TITLE: _____, 5.2 NAME: _____, 5.3 STREET ADDRESS: _____, 5.4 CITY-ST-ZIP: _____
6.1 TITLE: _____, 6.2 NAME: _____, 6.3 STREET ADDRESS: _____, 6.4 CITY-ST-ZIP: _____

14. I do 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 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, 1-15-97, 904-632-7205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8004098

CR2E037 (9/96)