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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address C/O SANDRA B. BONNA 134 E CHURCH ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 10/26/1971	
4. FEI Number 59-1830079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
FL **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 relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BONNA, SANDRA B	
STREET ADDRESS	134 E CHURCH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOCKER, WILLIAM T ESO	
STREET ADDRESS	ONE INDEPENDENT DR STE 3000	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGARVEY, JAMES	
STREET ADDRESS	2453 S 3RD ST	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YATES, ALTON W	
STREET ADDRESS	2923 RIBAUT SCENIC DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, REV W	
STREET ADDRESS	224 N FIFTH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McGarvey, James	
1.3 STREET ADDRESS	2453 S. 3rd Street	
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Yates, Alton	
2.3 STREET ADDRESS	2923 Ribault Scenic Dr.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32208	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kelly, Rev. William	
3.3 STREET ADDRESS	224 N. Fifth Street	
3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cody, Rev. Thomas	
4.3 STREET ADDRESS	3383 University Blvd., North	
4.4 CITY-ST-ZIP	Jacksonville, FL 32211	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* **SANDRA B. BONNA 3-79-98 904-622-1205**

CR2E037 (10/97)