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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721940

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/26/1971

4. FEI Number

59-1830079

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **VD**
 NAME **MCGARVEY, JAMES**
 STREET ADDRESS **2453 S 3RD ST**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D**
 NAME **YATES, ALTON**
 STREET ADDRESS **2923 RIBAUTL SCENIC DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000 32208**

TITLE **D**
 NAME **KELLY, REV WILLIAM**
 STREET ADDRESS **224 N FIFTH ST**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **PD**
 NAME **CODY, REV THOMAS**
 STREET ADDRESS **3383 UNIVERSITY BLVD NO**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD**
 NAME **KELLY, REV W**
 STREET ADDRESS **224 N FIFTH ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **P/D**
 3.3 STREET ADDRESS **KELLY, REV WILLIAM**
 3.4 CITY-ST-ZIP **224 N FIFTH ST**
JACKSONVILLE BEACH FL 32250

4.1 TITLE Change Addition
 4.2 NAME **D**
 4.3 STREET ADDRESS **CODY, REV THOMAS**
 4.4 CITY-ST-ZIP **3383 UNIVERSITY BLVD NO**
JACKSONVILLE FL 32211

5.1 TITLE Change Addition
 5.2 NAME **S/T**
 5.3 STREET ADDRESS **BONNA, SANDRA B**
 5.4 CITY-ST-ZIP **134 E CHURCH ST**
JACKSONVILLE FL 32202

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE *Sandra B. Bonna* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Bonna

5/17/99

Date

904/632-1255

Daytime Phone #

CR2E037 (11/98)