

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

0000033

**DOCUMENT # 721940**

1. Entity Name  
**CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSO** *HMI*

03-15-2001 90210 030 \*\*\*\*61.25

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-1830079**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **VP**  Delete  
 NAME **MOTSETT, C B**  
 STREET ADDRESS **4457 BARRINGTON OAKS**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D**  Change  Addition  
 NAME **Glocker, T. William**  
 STREET ADDRESS **One Independent Drive, Ste. 2000**  
 CITY-ST-ZIP **Jacksonville FL 32202**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SWAN, NADINE**  
 STREET ADDRESS **1320 ROBERTS DR**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D**  Change  Addition  
 NAME **Swan, Nadine**  
 STREET ADDRESS **740 Selva Lakes Circle**  
 CITY-ST-ZIP **Atlantic Beach FL 32233**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **BONNA, SANDRA B**  
 STREET ADDRESS **134 E. CHURCH ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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 REQUIRED** *Sandra B. Bonna* **3-12-01 904 622-120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)

Attachment  
# 721940

CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.

OFFICERS AND DIRECTORS

D

Fowler, Hollis  
8739 Ricardo Lane  
Jacksonville, FL 32216

D

Robson, Sally  
150 E First Street  
Jacksonville FL 32206

D

Tierney, William J.  
P. O. Box 24000  
Jacksonville FL 32241-4000

D

Belson, Lloyd  
2135 Anniston Road  
Jacksonville FL 32246

P/D

Damato, William  
1763 Ravine Side Drive  
Jacksonville FL 32225