


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90028 050 \*\*\*\*61.25

**DOCUMENT # 721940**

1. Entity Name  
**CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.**



Principal Place of Business  
**PROVIDENCE CENTER  
 134 E CHURCH ST  
 JACKSONVILLE, FL 32202 US**

Mailing Address  
**ALMA C. BALLARD  
 134 E CHURCH ST  
 JACKSONVILLE, FL 32202 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1830079**

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

Applied For  
 Not Applicable



8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FOWLER, HOLLIS</b> <b>8739 RICARDO LANE</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAMATO, WILLIAM</b> <b>1783 RAVINE SIDE DRIVE</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROBSON, SALLY</b> <b>150 E. FIRST STREET</b> <b>JACKSONVILLE, FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CODY, REV THOMAS</b> <b>3383 UNIVERSITY BLVD NO</b> <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BALLARD, ALMA C</b> <b>134 E CHURCH ST</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAUT, VINCENT J</b> <b>3383 U NIVERSITY BLVD. NORTH</b> <b>JACKSONVILLE, FL 32211</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Fritch, Nancy</b> <b>5470 Spring Brook Road</b> <b>Jacksonville FL 32216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Damato, William</b> <b>7801-2404 Pt Meadows Drive</b> <b>Jacksonville FL 32225</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ~~WHO~~ empowered.

**SIGNATURE:** Alma C. Ballard *Alma C. Ballard* **3-12-04** **904-632-1255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# Attachment

Attachment to 2004 Uniform Business Report (UBR)  
Document #757880  
Catholic Charities Housing Association of Jacksonville, Inc.

#721940

D  
Glocker, T. William  
One Independent Drive, Suite 2000  
Jacksonville FL 32211

D  
Glocker, T. William      CHANGE  
841 Prudential Dr., Ste #1400  
Jacksonville FL 32207

D  
Yates, Alton W.  
2923 Ribault Scenic Drive  
Jacksonville FL 32208

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

D  
Belson, Lloyd  
2135 Anniston Road  
Jacksonville FL 32246

D  
Swan, Nadine  
740 Selva Lakes Circle  
Atlantic Beach FL 32233