
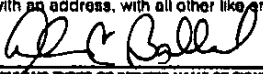


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90274 031 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOOS, WILLIAM J 231 E ADAMS STREET JACKSONVILLE, FL 32202			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, HOLLIS		NAME	Fowler, Hollis	
STREET ADDRESS	8739 RICARDO LANE		STREET ADDRESS	8739 Ricardo Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMATO, WILLIAM		NAME		
STREET ADDRESS	7801-2404 PT MEADOWS DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBSON, SALLY		NAME	Robson, Sally	
STREET ADDRESS	160 E. FIRST STREET		STREET ADDRESS	150 E First Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITCH, NANCY		NAME		
STREET ADDRESS	5470 SRING BROOK ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, ALMA C		NAME		
STREET ADDRESS	134 E CHURCH ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUT, VINCENT J		NAME		
STREET ADDRESS	3363 U NIVERSITY BLVD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		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)(l), 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: 		Alma C. Ballard		2-22-05 904-632-1255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40027770

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

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

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

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

D
Tierney, William J.
11625 Old St. Augustine Road
Jacksonville FL 32258

D
Belson, Lloyd
2135 Anniston Road
Jacksonville FL 32246

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

DELETE