

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


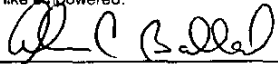
FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90232 026 ****61.25

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04242007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1830079	
Zip		Country		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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, HOLLIS		NAME		
STREET ADDRESS	8739 RICARDO LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBSON, SALLY		NAME	Robson, Sally	
STREET ADDRESS	150 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRITCH, NANCY		NAME	Fritch, Nancy	
STREET ADDRESS	5470 SRING BROOK ROAD		STREET ADDRESS	5470 Spring Brook Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jacksonville, FL 32216	
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	3383 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 exemptions contained in Chapter 119, 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: <u>Alma C. Ballard</u> 			04/20/07 904-632-1244		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT 40084601

Attachment to 2007 Uniform Business Report (UBR)

Document #721940

Catholic Charities Housing Association of Jacksonville, Inc.

V

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

CHANGE

P

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

D

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

D

Beitz, William C.
134 E Church Street
Jacksonville, FL 32202

D

Belson, Lloyd
2135 Anniston Road
Jacksonville FL 32246

D

Christine Tyler
2800 University Blvd. N.
Jacksonville, FL 32211

ADDITION

D

Jan Schneider
4251 Monument Road #305
Jacksonville, FL 32225

ADDITION