


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-02-2008 90007 028 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1830079

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 | D FOWLER, HOLLIS 8739 RICARDO LANE JACKSONVILLE, FL 32216 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAMATO, WILLIAM 7801-2404 PT MEADOWS DR. JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBSON, SALLY 150 E. FIRST STREET JACKSONVILLE, FL 32206 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRITCH, NANCY 5470 SRING BROOK ROAD JACKSONVILLE, FL 32216 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BALLARD, ALMA C 134 E CHURCH ST JACKSONVILLE, FL 32202 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAUT, VINCENT J 3383 U NIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Fritch, Nancy 5470 Spring Brook Road Jacksonville, FL 32216 | <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 |

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 Ika empowered.

SIGNATURE: Alma C. Ballard *Alma C. Ballard* **6/17/08** **(904)632-1255**

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

ATTACHMENT

Attachment to 2008 Uniform Business Report (UBR)
Document # 721940
Catholic Charities Housing Association of Jacksonville, Inc.

66014575

P

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

D

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

D

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

D

Belson, Lloyd
2135 Anniston Road
Jacksonville, FL 32246

D

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

D

Jan Schneider
4251 Monument Road # 305
Jacksonville, FL 32225