

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90211 006 \*\*\*\*61.25

8011

**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**

10055157



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

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

City & State

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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>V</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>1763 RAVINE SIDE DRIVE</b> <b>JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOTSETT, C B</b> <b>4457 BARRINTON OAKS</b> <b>JACKSONVILLE FL 32257</b>	<input checked="" 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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	<b>V</b> <b>Robson, Sally</b> <b>150 E First Street</b> <b>Jacksonville FL 32206</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Haut, Msgr. Vincent J.</b> <b>3383 University Blvd North</b> <b>Jacksonville FL 32211</b>	<input type="checkbox"/> Change <input checked="" 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

CR2E037 (10/02)

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: **Alma C. Ballard**

4-4-03

904-632-1255

Attachment

10059195  

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#721940

Attachment to 2002 Uniform Business Report (UBR)  
Document #757880  
Catholic Charities Housing Association of Jacksonville, Inc.

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

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