


FILE NOW: FILING FEE IS \$61.25

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**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730122 (9)
1. Corporation Name
JACKSONVILLE PUBLIC HOUSING TENANT ADVISORY COUNCIL, INC.



Principal Place of Business 621 WEST 44 STREET JACKSONVILLE FL 32208	Mailing Address 621 WEST 44 STREET JACKSONVILLE FL 32208
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3. Date Incorporated or Qualified 07/02/1974	
4. FEI Number 59-2854238	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 621 west 44th st.	2a. Mailing Address 26 621 West 44th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl	City & State 28 Jacksonville, Fl
Zip 24 32208	Country 25 Duval
Zip 29 32208	Country 30 Duval

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BAKER, HENRY
621 WEST 44TH STREET
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name Henry Baker
82 Street Address (P.O. Box Number is Not Acceptable) 621 West 44th Street
83
84 City Jacksonville FL 85 Zip Code 32208

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Henry Baker* DATE **4-3-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, HENRY D		1.2 NAME	
STREET ADDRESS 621 WEST 44TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, JUNE D		2.2 NAME	
STREET ADDRESS 621 WEST 44TH STREET		2.3 STREET ADDRESS Fredricka Cato	
CITY-ST-ZIP JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP 621 West 44th Street Jacksonville, Fl 32208	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWENS, THOMASENE		3.2 NAME	
STREET ADDRESS 230 EAST 1ST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		3.4 CITY-ST-ZIP	
TITLE ASD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATO, FREDRICKA		4.2 NAME	
STREET ADDRESS 621 WEST 44TH STREET		4.3 STREET ADDRESS Princeen Henderson	
CITY-ST-ZIP JACKSONVILLE FL 32208		4.4 CITY-ST-ZIP 621 West 44th Street Jacksonville, Fl 32208	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARMON, DOROTHY		5.2 NAME	
STREET ADDRESS 3214 BRENTWOOD AVE.		5.3 STREET ADDRESS Doretha Fussell	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP 621 West 44th Street Jacksonville, Fl 32208	
TITLE C	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS EMMA LOU		6.2 NAME	
STREET ADDRESS 1320 BROAD ST #1004		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Baker* DATE **4-3-98** **904-0345**

CR2E037 (10/97)