

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999-2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 10:40

DOCUMENT # 730122

1. Corporation Name

JACKSONVILLE PUBLIC HOUSING TENANT ADVISORY COUNCIL, INC.

Principal Place of Business

621 WEST 44TH STREET
JACKSONVILLE FL 32208
US

Mailing Address

621 WEST 44 STREET
JACKSONVILLE FL 32208



REINSTATEMENT

99-00

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip Country

25

28 Zip Country

29

30

Date Incorporated or Qualified: 07/02/1974

4. FEI Number
59-2854238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, HENRY
621 WEST 44TH STREET
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BAKER, HENRY D
STREET ADDRESS 621 WEST 44TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VPD ☐ DELETE

NAME CATO, FREDRICKA
STREET ADDRESS 621 WEST 44TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD ☐ DELETE

NAME OWENS, THOMASENE
STREET ADDRESS 230 EAST 1ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ASD ☐ DELETE

NAME HENDERSON, PRINCEEN
STREET ADDRESS 621 WEST 44TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE T ☐ DELETE

NAME FUSSELL, DOROTHEA
STREET ADDRESS 3214 BRENTWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE C ☐ DELETE

NAME ADAMS EMMA LOU
STREET ADDRESS 1320 BROAD ST #1004
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***297.50 ***297.50

8/3/97

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00

804-766-0385

CR2E037 (1/98)

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