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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1996 08:00 AM  
Secretary of State

DOCUMENT # 749996 (5)

1. Corporation Name

NEIGHBORHOOD HOUSING SERVICES OF JACKSONVILLE, I  
NC.

Principal Place of Business

157 EAST EIGHT ST., #117  
P. O. BOX 3386  
JACKSONVILLE FL 32206

Mailing Address

157 EAST EIGHT ST., #117  
P. O. BOX 3386  
JACKSONVILLE FL 32206



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, P.A.  
50 NORTH LAURA ST  
SUITE 3100  
JACKSONVILLE FL 32201-1548

81 Name

FREDDIE A. CALVY - PRESIDENT

82

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

1610 N. MAIN ST.

83

84

City

JACKSONVILLE

FL

85 Zip Code

32206

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

FREDDIE A. CALVY

05/29/96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALVY, FRED	
STREET ADDRESS	154 WEST 9TH STREET 1610 NORTH MAIN ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, ROBERT	
STREET ADDRESS	327 W 5TH ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OK SUN BURKS	
STREET ADDRESS	1645 N. LAURA ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, B.K.	
STREET ADDRESS	1601 NORTH MAIN STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNES, JAMES	
STREET ADDRESS	51 WEST BAY STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATHEWS, ANGELA	
STREET ADDRESS	604 NORTH HOGAN STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	ANGELA MATHEWS
2.4 CITY - ST - ZIP	1610 NORTH MAIN STREET JACKSONVILLE, FL 32206
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	TONYAA WEATHERS-BEE
3.4 CITY - ST - ZIP	1610 NORTH MAIN STREET JACKSONVILLE, FL 32206
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	BARNES, JAMES
5.4 CITY - ST - ZIP	1610 NORTH MAIN STREET JACKSONVILLE, FL 32206
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDDIE A. CALVY

03/29/96

(904) 630-1800 4007

Daytime Phone #

CR2E037 (12/95)