

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 763119 (5)

95 FEB -2 PM 4:29

1. Corporation Name
THE DIOCESAN HOUSING BUREAU, INC.

Principal Place of Business	Mailing Address
PROVIDENCE CENTER 134 E CHURCH ST JACKSONVILLE FL 32202 US	%SANDRA B. BONNA 134 E CHURCH ST JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2210204	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Providence Center	26 Sandra B. Bonna
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 134 E. Church St.	27 134 E. Church St.
City & State	City & State
23 Jacksonville FL	28 Jacksonville FL
Zip	Country
24 32202	25 USA
29 32202	30 USA

9. Name and Address of Current Registered Agent

JOOS, WILLIAM J
231 EAST ADAMS STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBSON, SALLY	1.2 NAME	Cody, Thomas Rev.
STREET ADDRESS	1133 IONIA ST	1.3 STREET ADDRESS	5739 Jack Road
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Jacksonville FL
TITLE	VD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOCKER, WILLIAM	2.2 NAME	McGarvey, James
STREET ADDRESS	STE 2532, GULF LIFE TOWER	2.3 STREET ADDRESS	2435 S. 3rd Street
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville FL
TITLE	STD	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNA, SANDRA B	3.2 NAME	Pink, Hazel
STREET ADDRESS	134 E CHURCH ST	3.3 STREET ADDRESS	414 W. 16th Street
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	Jacksonville, FL
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLEAN, DONALD	4.2 NAME	Yates, Alton
STREET ADDRESS	518 N MARKET ST	4.3 STREET ADDRESS	421 W. Church Street Suite 412
CITY - ST - ZIP	JACKSONVILLE, FL 00000	4.4 CITY - ST - ZIP	Jacksonville, FL
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, KELLY	5.2 NAME	
STREET ADDRESS	224 NORTH 5TH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, RAFAEL	6.2 NAME	
STREET ADDRESS	5934 HICKSON RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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 110.07(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: *Sandra B. Bonna* 1-23-95 (104) 632-1238
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sandra B. Bonna