

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763119 (5)

1. Corporation Name
THE DIOCESAN HOUSING BUREAU, INC.



Principal Place of Business PROVIDENCE CENTER 134 E. CHURCH ST. JACKSONVILLE FL 32202 US	Mailing Address BONNA, SANDRA B 134 E. CHURCH ST. JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 02/02/1995
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2. Principal Place of Business 21 Providence Center	2a. Mailing Address 26 Sandra B. Bonna
Suite, Apt. #, etc. 22 134 E. Church St.	Suite, Apt. #, etc. 27 134 E. Church St.
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip Country 24 32202 25 USA	Zip Country 29 32202 30 USA

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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROBSON, SALLY	1.1 TITLE	D ROBSON, SALLY
NAME	1133 IONIA ST	1.2 NAME	1805 Flag Street
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	Jacksonville, FL 32209
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GLOCKER, WILLIAM	2.1 TITLE	PD GLOCKER, WILLIAM
NAME	STE 2532, GULF LIFE TOWER	2.2 NAME	One Independent Dr., Suite 3000
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	Jacksonville, FL 32201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD BONNA, SANDRA B	3.1 TITLE	
NAME	134 E CHURCH ST	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MACLEAN, DONALD	4.1 TITLE	
NAME	518 N MARKET ST	4.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILLIAM, KELLY	5.1 TITLE	
NAME	224 NORTH 5TH ST	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GOMEZ, RAFAEL	6.1 TITLE	
NAME	5934 HICKSON RD	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	ROBSON, SALLY		
1.3 STREET ADDRESS	1805 Flag Street		
1.4 CITY-ST-ZIP	Jacksonville, FL 32209		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	GLOCKER, WILLIAM		
2.3 STREET ADDRESS	One Independent Dr., Suite 3000		
2.4 CITY-ST-ZIP	Jacksonville, FL 32201		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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: Sandra B. Bonna 1-23-96 904-632-7250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dextera Phone #

CR2E037 (12/95)