FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(5)

THE DIOCESAN HOUSING BUHEAU, INC.										
Principa' Piace	Mailing Address					8 18 11 8 1841 8 11	11) E lbii Bibii	B1811 81811 1881		
PROVIDENCE CENTER 134 E. CHURCH ST. JACKSONVILLE FL 32202 US		Bonna. Sandra B 134 E. Church St. Jacksonyille Fl 32202 US								
						3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 02/02/1995			
	ace of Business dence Center	2a. Mailing Address 26 Sandra B. Bonna				E0 0040004			pplied For lot Applicable	
Suite, Apt. # 22 134 F	#.etc. E. Church St.	Suite, Apt. #, etc. 27 134 E. Church St.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	sonville, FL	City & State 28 Jacksonville, FL				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zφ 24 32202	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24 32202	9. Name and Address of Current		301 00.	•		10. Name and Address of New R				
	C. Marie and Tradition of Wallett	0	8	1 Name						
1000 1	ATILITALE I		<u> </u>							
JOOS, WILLIAM J				2 Street /	Address	(P.O. Box Number is Not Acceptable	ie)			
231 EAST ADAMS STREET JACKSONVILLE FL 32202			8	3						
JACKSC	DIANILLE PL 32202		L							
			8	4 City			FL	85 Zp	Code	
or register familiar wit SIGNATURE _	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section, and accept the obligations of Section (Section 1997).	la. Such change was authorized on 617.0503, Florida Statutes and मीन सञ्जानका कि.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स	d by the co	rporation's	board o	f directors. I hereby accept the apport	DATE	registered :	agent. I am	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF				
TILLE	PD	☐ DELETE	1.1 TITL!		D			K Change	☐ Addition	
NAME	ROBSON, SALLY		1.2 NAM	£		SON, SALLY				
STREET ADDRESS	1133 IONIA ST		1.3 STRE	E1 ADDRESS		5 Flag Street				
CITY-ST-ZIP				- ST - ZIP	Jacksonville, FL 32209		ID 6:			
TIFLE	VD	□DELETE 21			PD		Ė	K Change	☐ Addition	
NAME	GLOCKER, WILLIAM					CKER, WILLIAM				
STREET ADDRESS	STE 2532, GULF LIFE TOWER	ц		ET ADDRESS		Independent Dr., S		3000	1	
CITY-ST-ZIP	JACKSONVILLE FL	FIDELETC		-ST-ZIP	Jacl	ksonville, FL 32201		- Change	() Addition	
TITLE	STD CAMPON D	DELETE	3 1 TITL				L	Change	☐ Modition	
NAME	BONNA, SANDRA B		3.2 NAM	-	1					
STREET ADDRESS	134 E CHURCH ST		1	ET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	3.4 CrT	- ST - ZIP	 		r	Change	Addition	
TITLE	D NACIEAN DONALD	Phereie	4 1 IIIL				L	change		
NAME	MACLEAN, DONALD 518 N MARKET ST			ET ADDRESS						
STREET ADDRESS	JACKSONVILLE, FL 00000			-ST-ZIP						
CITY-ST-ZIP	D	DELETE	5 1 TITL					Change	Addition	
TIFLE	WILLIAM, KELLY	Претече	5 2 NAM				,		End Freemen	
NAME	224 NORTH 5TH ST			ET ADDRESS					ļ	
STREET ADDRESS	JACKSONVILLE FL									
CITY - ST - ZIP TITLE	D D	K DELETE	6.1 THE	-ST-ZIP	 			Change	Addition	
	GOMEZ, RAFAEL	Ajoctere	6 2 NAM				,			
NAME DIRECT ADDRESS	5934 HICKSON RD			ELI ADDRESS					•	
STREET ADDRESS	JACKSONVILLE FL								ļ	
CITY - ST - ZIP		ial Abia Classic and analysis family		- ST - ZIP	nlife for t	he everation stated in Section 110	07/2VIA Ela	vida Statut	on I further	

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 HAME OF SIGNING OFFICER OR DIRECTOR Sandra B. Bonna

1-23-96 904-632-125