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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32202-3130 US
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3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 Providence Center Suite, Apt. #, etc. 22 134 E. Church St. City & State 23 Jacksonville, FL Zip 24 32202 Country 25 USA	2a. Mailing Address 26 Sandra B. Bonna Suite, Apt. #, etc. 27 134 E. Church St. City & State 28 Jacksonville, FL Zip 29 32202 Country 30 USA
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4. FEI Number 59-2210204	Applied For <input type="checkbox"/> Not Applicable
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	D <input type="checkbox"/> DELETE
NAME	ROBSON, SALLY
STREET ADDRESS	1805 FLAG ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GLOCKER, WILLIAM
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 3000
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BONNA, SANDRA B
STREET ADDRESS	134 E CHURCH ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MACLEAN, DONALD
STREET ADDRESS	518 N MARKET ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAM, KELLY
STREET ADDRESS	224 NORTH 5TH ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald MacLean
1.3 STREET ADDRESS	922 Park Forest Lane
1.4 CITY-ST-ZIP	Jacksonville, FL 32211
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rev. Thomas Cody
2.3 STREET ADDRESS	5739 Jack Road
2.4 CITY-ST-ZIP	Jacksonville, FL 32217
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 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.

SIGNATURE: Sandra B. Bonna *Sandra B. Bonna* **1-15-97** **904-632-1255**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004237

CR2E037 (9/96)