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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 05/05/1982	
4. FEI Number 59-2210204	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent JOOS, WILLIAM J 231 EAST ADAMS STREET JACKSONVILLE FL 32202	
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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 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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE ROBSON, SALLY 1805 FLAG ST. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> DELETE GLOCKER, WILLIAM ONE INDEPENDENT DR., SUITE 3000 JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> DELETE BONNA, SANDRA B 134 E CHURCH ST JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE MACLEAN, DONALD 922 PARK FOREST LANE JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE WILLIAM, KELLY 224 NORTH 5TH ST JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> DELETE CODY, THOMAS R 5739 JACK ROAD JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McGarvey, James 2453 S. 3rd Street Jacksonville Beach, FL 32250
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William, Kelly 224 North 5th St. Jacksonville Beach, FL 32250
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cody, Thomas R. 3383 University Blvd., North Jacksonville, FL 32211
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 3-19-98 904-632-1200**

CR2E037 (10/97)