

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763119

1. Entity Name

THE DIOCESAN HOUSING BUREAU, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90099 008 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
JOOS, WILLIAM J 231 EAST ADAMS STREET JACKSONVILLE FL 32202				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBSON, SALLY			NAME	Fowler, Hollis Jr		
STREET ADDRESS	1805 FLAG ST.			STREET ADDRESS	8739 Ricardo Lane		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	Jacksonville FL 32216		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOCKER, WILLIAM			NAME	Glocker, William		
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 3000			STREET ADDRESS	One Independent Dr., Suite 3000		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	Jacksonville FL 32202		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BONNA, SANDRA B			NAME	Belson, Lloyd		
STREET ADDRESS	134 E CHURCH ST			STREET ADDRESS	2135 Anniston Road		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	Jacksonville FL 32246		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCGARVEY, JAMES			NAME	Swan, Nadine		
STREET ADDRESS	2453 S 3RD STREET			STREET ADDRESS	1320 Roberts Drive		
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32250			CITY-ST-ZIP	Jacksonville Beach FL 33350		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM, KELLY			NAME	Kelly, William		
STREET ADDRESS	224 NORTH 5TH ST			STREET ADDRESS	224 North 5th Street		
CITY-ST-ZIP	JACKSONVILLE FL 32250			CITY-ST-ZIP	Jacksonville Beach FL 32250		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CODY, THOMAS R			NAME	Motsett, C. B.		
STREET ADDRESS	3383 UNIVERSITY BLVD., NORTH			STREET ADDRESS	4457 Barrington Oaks		
CITY-ST-ZIP	JACKSONVILLE FL 32211			CITY-ST-ZIP	Jacksonville FL 32257		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra B. Bonna ROBERT B. Bonna (904) 632-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)