

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90059 031 \*\*\*\*61.25

**DOCUMENT # 763119**

1. Entity Name

**THE DIOCESAN HOUSING BUREAU, INC.**

Principal Place of Business <b>PROVIDENCE CENTER 134 E. CHURCH ST. JACKSONVILLE FL 32202 US</b>	Mailing Address <b>BONNA, SANDRA B 134 E. CHURCH ST. JACKSONVILLE FL 32202 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>Alma C. Ballard</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>134 E Church St</b>	
City & State		City & State <b>Jacksonville FL</b>	
Zip	Country	Zip	Country
<b>32202</b>	<b>US</b>	<b>32202</b>	<b>US</b>

4. FEI Number <b>59-2210204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBSON, SALLY</b>	NAME	<b>Ballard, Alma C.</b>
STREET ADDRESS	<b>150 E FIRST STREET</b>	STREET ADDRESS	<b>134 E Church Street</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>	CITY-ST-ZIP	<b>Jacksonville FL 32202</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLOCKER, WILLIAM</b>	NAME	<b>Yates, Alton W.</b>
STREET ADDRESS	<b>ONE INDEPENDENT DR STE 2000</b>	STREET ADDRESS	<b>2923 Ribault Scenic Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	CITY-ST-ZIP	<b>Jacksonville FL 32208</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONNA, SANDRA B</b>	NAME	<b>Belson, Lloyd</b>
STREET ADDRESS	<b>134 E CHURCH ST</b>	STREET ADDRESS	<b>2135 Anniston Road</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	<b>Jacksonville FL 32246</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CODY, THOMAS R</b>	NAME	<b>Swan, Nadine</b>
STREET ADDRESS	<b>3383 UNIVERSITY BLVD., NORTH</b>	STREET ADDRESS	<b>740 Selva Lakes Circle</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	CITY-ST-ZIP	<b>Atlantic Beach FL 32233</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Alma C. Ballard *Alma C. Ballard* 4-24-02 904-632-1255

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

CR2E037 (9/01)

# Attachment

Attachment to 2002 Uniform Business Report (UBR)  
Document #763119  
The Diocesan Housing Bureau, Inc. (Hurley Manor II)

# 763119  
787320

D  
Fowler, Hollis, Jr.  
8739 Ricardo Lane  
Jacksonville FL 32216

D  
Tierney, William J.  
P. O. Box 24000  
Jacksonville FL 32241-4000

D  
Damato, William  
1763 Ravine Side Drive  
Jacksonville FL 32225

D  
Motsett, C. B. (Cork)  
4458 Barrington Oaks  
Jacksonville FL 32257