

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90274 045 \*\*\*\*61.25

40067730



02142005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 763119</b>					
1. Entity Name THE DIOCESAN HOUSING BUREAU, INC.					
Principal Place of Business PROVIDENCE CENTER 134 E. CHURCH ST. JACKSONVILLE, FL 32202 US			Mailing Address ALMA C. BALLARD 134 E. CHURCH ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2210204	
Applied For		Not Applicable			
Zip	Country	Zip	Country	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBSON, SALLY		NAME		
STREET ADDRESS	150 E FIRST STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOCKER, WILLIAM T		NAME		
STREET ADDRESS	841 PRUDENTIAL DR STE # 1400		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELSON, LLOYD		NAME		
STREET ADDRESS	2135 ANNISTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32248		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUT, VINCENT J MSGR.		NAME		
STREET ADDRESS	3383 UNIVERSITY BLVD NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALLARD, ALMA C		NAME		
STREET ADDRESS	134 E CHURCH ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YATES, ALTON W		NAME		
STREET ADDRESS	2923 RIBAUT SCENIC DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		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)(f), 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		2-22-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904-632-1255	

# ATTACHMENT

40027756

Attachment to ~~2005~~ Uniform Business Report (UBR)  
Document #757880  
The Diocesan Housing Bureau, Inc.

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

D  
Tierney, William J.  
11625 Old St. Augustine Road  
Jacksonville FL 32258

D  
Swan, Nadine  
740 Selva Lakes Circle  
Atlantic Beach FL 32233

DELETE

V  
Damato, William  
1763 Ravine Side Drive  
Jacksonville FL 32225

V  
Damato, William  
7801-2404 Pt. Meadows Drive  
Jacksonville FL 32277

CHANGE

D  
Fritch, Nancy  
5470 Spring Brook Road  
Jacksonville FL 32277