


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90950 018 ****61.25

DOCUMENT # 763119

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2210204** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOOS, WILLIAM J
231 EAST ADAMS STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBSON, SALLY | |
| STREET ADDRESS | 150 E FIRST STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GLOCKER, WILLIAM | |
| STREET ADDRESS | ONE INDEPENDENT DR STE 2000 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BELSON, LLOYD | |
| STREET ADDRESS | 2135 ANNISTON ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CODY, THOMAS R | |
| STREET ADDRESS | 3383 UNIVERSITY BLVD., NORTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BALLARD, ALMA C | |
| STREET ADDRESS | 134 E CHURCH ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | YATES, ALTON W | |
| STREET ADDRESS | 2923 RIBAUT SCENIC DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Haut, Msgr. Vincent J. | |
| STREET ADDRESS | 3383 University Blvd North | |
| CITY-ST-ZIP | Jacksonville FL 32211 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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*

4-4-03

904-632-1255

CR2E037 (10/02)

Attachment#

Attachment to 2002 Uniform Business Report (UBR)
Document #757880
The Diocesan Housing Bureau, Inc.

90075653
763119

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

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

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

D
Damato, William
1763 Ravine Side Drive
Jacksonville FL 32225

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

Delete