

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 09, 2008  
Secretary of State**

DOCUMENT# N00000003847

Entity Name: EMERGENCY SERVICES & HOMELESS COALITION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

214 NORTH HOGAN STREET  
8TH FLOOR  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

1016 OAK STREET  
JACKSONVILLE, FL 32204 39

**Current Mailing Address:**

214 NORTH HOGAN STREET  
8TH FLOOR  
JACKSONVILLE, FL 32202

**New Mailing Address:**

1016 OAK STREET  
JACKSONVILLE, FL 32206 39

FEI Number: 59-3676999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GILBERT, DIANE  
214 NORTH HOGAN STREET  
8TH FLOOR  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

GILBERT, DIANE  
1016 OAK STREET  
JACKSONVILLE, FL 32206 US

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:

05/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: SIMMONS, SIDNEY  
Address: 214 NORTH HOGAN STREET, 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VC      ( ) Delete  
Name: EDWARDS, JOHN  
Address: 214 NORTH HOGAN STREET, 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      ( ) Delete  
Name: SLOAN BUTLER, STEPHANIE  
Address: 214 NORTH HOGAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      ( ) Delete  
Name: JOYNER, TOM  
Address: 214 NORTH HOGAN STREET, 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      (X) Delete  
Name: COCHRAN, MIKE  
Address: 214 NORTH HOGAN STREET, 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      (X) Delete  
Name: GANSON, DOUG  
Address: 214 NORTH HOGAN STREET, 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: EDWARDS, JOHN  
Address: 4070 BLVD. CTR. DR, BLDG. 4500, STE. 200  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC      (X) Change ( ) Addition  
Name: GANSON, DOUG  
Address: 301 W. BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S      (X) Change ( ) Addition  
Name: SLOAN BUTLER, STEPHANIE  
Address: 501 E. BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T      (X) Change ( ) Addition  
Name: ANDERSON, TERRI  
Address: 7749 NORMANDY BLVD. #155  
City-St-Zip: JACKSONVILLE, FL 32221

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE C. GILBERT

ED

05/09/2008

Electronic Signature of Signing Officer or Director

Date