

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003847

FILED
Apr 01, 2010
Secretary of State

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

Current Principal Place of Business:

4527 LENOX AVE
JACKSONVILLE, FL 32205 39

New Principal Place of Business:

Current Mailing Address:

4527 LENOX AVE
JACKSONVILLE, FL 32205 39

New Mailing Address:

FEI Number: 59-3676999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMAN, DAWN
4527 LENOX AVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C
Name: ANDERSON, TERRI
Address: 7749 NORMANDY BLVD. #155
City-St-Zip: JACKSONVILLE, FL 32221

Title: VC
Name: PEDRICK, NANCY
Address: 4034 BOONE PARK AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: PAULY, JOHN
Address: 1826 BAYARD PLACE, #1
City-St-Zip: JACKSONVILLE, FL 32205

Title: T
Name: BAHAM, VALERIE
Address: 4527 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: TERRI ANDERSON

C

04/01/2010

Electronic Signature of Signing Officer or Director

Date