## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003847

Apr 30, 2012 Secretary of State

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

**Current Principal Place of Business:** New Principal Place of Business:

4527 LENOX AVE 5393 ROOSEVELT BLVD JACKSONVILLE, FL 32205 39

SUITE 21

JACKSONVILLE, FL 32210

**Current Mailing Address: New Mailing Address:** 

4495 ROOSEVELT BLVD #304 4527 LENOX AVE JACKSONVILLE, FL 32205 39

PMB 322

JACKSONVILLE, FL 32210

FEI Number: 59-3676999 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GILMAN, DAWN GILMAN, DAWN

4527 LENOX AVE 5393 ROOSEVELT BLVD

JACKSONVILLE, FL 32205 US SUITE 21 JACKSONVILLE, FL 32210 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: 04/30/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

GANSON, DOUG Name:

Address: 2 INDEPENDENT DRIVE #139 City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: WEBER, RICHARD Address: 4300 LAKESIDE DRIVE #7 City-St-Zip: JACKSONVILLE, FL 32210

Title:

HYDE, ROBERT Name: 2102 ERNEST STREET Address: City-St-Zip: JACKSONVILLE, FL 32204

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: DOUG GANSON С 04/30/2012