

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000894

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: FAMILY PROMISE OF JACKSONVILLE INC.

## Current Principal Place of Business:

8264 LONE STAR ROAD  
JACKSONVILLE, FL 322115162

## New Principal Place of Business:

225 E DUVAL ST  
JACKSONVILLE, FL 32202

## Current Mailing Address:

P O BOX 8669  
JACKSONVILLE, FL 32239

## New Mailing Address:

FEI Number: 59-3685470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REID, GAYLE  
8264 LONE STAR ROAD  
JACKSONVILLE, FL 32211      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: DP      ( ) Delete  
Name: WALKER, FREDDIE  
Address: 4632 PRINCE EDWARD RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT      ( ) Delete  
Name: ISGETTE, HAROLD  
Address: 11659 MARSH ELDER DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: DS      ( ) Delete  
Name: BIRNBAUM, MARY  
Address: 5375 COLONIAL AV  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS      (X) Change ( ) Addition  
Name: PETRY, MARY  
Address: 6921 MCMULLIN ST  
City-St-Zip: JACKSONVILLE, FL 322102760 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD ISGETTE

DT

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date