

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000894

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: FAMILY PROMISE OF JACKSONVILLE INC.

## Current Principal Place of Business:

225 E DUVAL ST  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 40363  
JACKSONVILLE, FL 32203 US

## 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: PETRY, MARY  
Address: 6921 MCMULLIN ST  
City-St-Zip: JACKSONVILLE, FL 322102760 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: PORFILIO, DALE  
Address: 4005 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT (X) Change ( ) Addition  
Name: YONG, VICTORIA  
Address: 4352 FOREST PARK RD  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: DD ( ) Change (X) Addition  
Name: ISGETTE, HAROLD  
Address: 11659 MARSH ELDER DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: DS ( ) Change (X) Addition  
Name: KEFFER, HILDRED  
Address: 4678 SCARLET CT  
City-St-Zip: JACKSONVILLE, FL 32210

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: HAROLD ISGETTE

DD

01/21/2009

Electronic Signature of Signing Officer or Director

Date