

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