

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000894

FILED  
Jan 05, 2011  
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  
Name: PORFILIO, DALE  
Address: 4005 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT  
Name: YONG, VICTORIA  
Address: 4352 FOREST PARK RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DD  
Name: HARBIN, JENNIFER  
Address: 1611 MAYFAIR ROAD  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DD  
Name: PETRY, MARY  
Address: 6921 MCMULLIN STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS  
Name: TYRE, ANNE  
Address: 2356 MILLS COURT  
City-St-Zip: JACKSONVILLE, FL 32216

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: VICTORIA R YONG

DT

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date