

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000894

FILED
Feb 14, 2012
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:

NAUGLE & SMITH P.L.
810 MARGARET ST
JACKSONVILLE, FL 32204 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: JONATHAN SMITH

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: DD
Name: SANDUSKY, KATHY
Address: 4817 WATER OAK LN
City-St-Zip: JACKSONVILLE, FL 32210 US

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

Title: DS
Name: WALKER, FREDDIE Q
Address: 4632 PRINCE EDWARD RD
City-St-Zip: JACKSONVILLE, FL 32210

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: HAROLD ISGETTE

DT

02/14/2012

Electronic Signature of Signing Officer or Director

Date