

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000006137

1. Entity Name
SAFE HOUSE OF JACKSONVILLE INC.



Principal Place of Business
**3325-9 PLYMOUTH STREET
JACKSONVILLE, FL 32205**

Mailing Address
**3325-9 PLYMOUTH STREET
JACKSONVILLE, FL 32205**



04232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1546481

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWELL, JOSEPH L SR
6749 BAKERSFIELD DR.
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOWELL, JOSEPH L SR
STREET ADDRESS	6749 BAKERSFIELD DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	S
NAME	JENNINGS, CHRISTINA
STREET ADDRESS	5785 WILSON BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	HOWELL, RICHARD
STREET ADDRESS	5785 WILSON BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	V
NAME	HOWELL, LOTTIE
STREET ADDRESS	6749 BAKERSFIELD DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80048-004 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Howell Sr.

Date

Daytime Phone #

4/23/07 904-425-4228