2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N02000006137

Entity Name: SAFE HOUSE OF JACKSONVILLE INC.

Current Principal Place of Business:

3325-9 PLYMOUTH STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

3325 PLYMOUTH STREET
8
JACKSONVILLE, FL 32205

Current Mailing Address:

3325-9 PLYMOUTH STREET
JACKSONVILLE, FL 32205

New Mailing Address:

3325 PLYMOUTH STREET
8
JACKSONVILLE, FL 32205

FEI Number: 42-1546481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOWELL, JOSEPH L SR
6749 BAKERSFIELD DR.
JACKSONVILLE, FL 32210 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: P ( ) Delete
Name: HOWELL, JOSEPH L SR
Address: 6749 BAKERSFIELD DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: RIDDLE, VIRGINIA
Address: 1115 EDGEWOOD AVE # 326
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: HODGES, HARRY
Address: 1567 NAVAHO AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete
Name: HOWELL, LOTTIE
Address: 6749 BAKERSFIELD DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete
Name: VINING JR, ROY PASTOR
Address: 8004 MARINER ST
City-St-Zip: JACKSONVILLE, FL 32220

Title: S ( ) Delete
Name: FUSSELL JR, TERRY
Address: 1176 VILLAGE GREEN CT
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CARTER, VIRGINIA
Address: 8427 COLLINS RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change ( ) Addition
Name: PORTER, NELLIE
Address: 32 EAST 19 TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: LOTTIE HOWELL OFFI 04/20/2009

Electronic Signature of Signing Officer or Director — Date