2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006137

FILED Mar 15, 2010 Secretary of State

Entity Name: SAFE HOUSE OF JACKSONVILLE INC.

Current Principal Place of Business: New Principal Place of Business:

3325 PLYMOUTH STREET 540 OWEN AVE

#8 JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

3325 PLYMOUTH STREET 540 OWEN AVE

8 JACKSONVILLE, FL 32254

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: Name and Address of New Registered Agent:

HOWELL, JOSEPH L SR 6749 BAKERSFIELD DR.

JACKSONVILLE, FL 32210 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: F

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

Title: S

Name: RIDDLE, VIRGINIA

Address: 1115 EDGEWOOD AVE # 326 City-St-Zip: JACKSONVILLE, FL 32205

Title:

 Name:
 HODGES, HARRY

 Address:
 1567 NAVAHO AVE

 City-St-Zip:
 JACKSONVILLE, FL 32210

Title: \

Name: HOWELL, LOTTIE
Address: 6749 BAKERSFIELD DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title:

Name: BISHOP, THOMAS

Address: 12321 TIGER CREEK LANE City-St-Zip: JACKSONVILLE, FL 32225

Title:

 Name:
 PORTER, NELLIE

 Address:
 32 EAST 19 TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32206

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: LOTTIE HOWELL VP 03/15/2010