2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

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Entity Name: SAFE HOUSE OF JACKSONVILLE INC.

Current Principal Place of Business:

540 OWEN AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

540 OWEN AVE
JACKSONVILLE, FL 32254

New Mailing Address:

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

Title: VP
Name: SAPP, RICHARD
Address: 923 MELBA ST.
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: VP
Name: POLLETTA, GARY
Address: 4737 LINWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: T
Name: BISHOP, THOMAS JR.
Address: 12321 TIGER CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S
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: THOMAS BISHOP JR. T 03/28/2011
Electronic Signature of Signing Officer or Director Date