

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 031 \*\*\*\*61.25

**DOCUMENT # N10403**

1. Entity Name  
**FAMILY HOUSING MANAGEMENT COMPANY, INC.**



Principal Place of Business  
**PROVIDENCE CENTER  
134 E. CHURCH STREET  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**ALMA C. BALLARD  
134 E. CHURCH STREET  
JACKSONVILLE, FL 32202 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2581900**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOOS, WILLIAM J.  
231 EAST ADAMS STREET  
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SLATTERY, JOHN**  
STREET ADDRESS **9439 WEXFORD ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☒ Delete  
NAME **MCCLERNON, MICHAEL**  
STREET ADDRESS **1713 MT. VERNON DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete  
NAME **SHIELDS, JIM**  
STREET ADDRESS **111 BLANDING BLVD**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **ST** ☐ Delete  
NAME **BALLARD, ALMA C**  
STREET ADDRESS **134 E CHURCH ST**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **D** ☐ Delete  
NAME **KELLY, MICHAEL D**  
STREET ADDRESS **4250 ORTEGA FOREST DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **McClernon, Michael**  
STREET ADDRESS **1731 Mt. Vernon Drive**  
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

See Attached for Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40107220

Attachment to 2008 Uniform Business Report (UBR)  
Document # N10403  
Family Housing Management Company, Inc.

D  
Beitz, William  
134 East Church Street  
Jacksonville, FL 32202-3130

P  
Doherty, Brian  
12235 Breckenridge Street  
Jacksonville, FL 32223

D  
Tierney, William J.  
11625 Old St. Augustine Rd.  
Jacksonville, FL 32258

CHANGE  
D  
Tierney, William J.  
3519 North Ride Drive  
Jacksonville, FL 32223

D  
Jarzyna, Anthony D.  
4 Juniper Court  
Amelia Island, 32034

D  
Brock, Richard  
1301 Riverplace Blvd. St. # 2400  
Jacksonville, FL 32207

CHANGE  
V  
Brock, Richard  
501 Riverside Ave. Suite 800  
Jacksonville, FL 32202

D  
Oetjen, John H. II  
6449 W. Christopher Creek Rd.  
Jacksonville, FL 32217

D  
Hickey, Laura  
134 East Church Street  
Jacksonville, FL 32202-3130

D  
Bonna, Sandy  
1837 Shoal Creek Circle  
Green Cove Springs, FL 32043

D  
Ghioto, Jeanette  
611 East Adams Street  
Jacksonville, FL 32202

CHANGE  
D  
Ghioto, Jeanette  
1228 Beaumont St.  
St. Johns, FL 32259

ATTACHMENT  
40107220

Attachment to 2008 Uniform Business Report (UBR)  
Document # N10403  
Family Housing Management Company, Inc.

DELETE

D  
Stringer, Becky  
P.O. Box 543  
St. Augustine, FL 32085

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N10403</b> 1. Entity Name <b>FAMILY HOUSING MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>PROVIDENCE CENTER 134 E. CHURCH STREET JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ALMA C. BALLARD 134 E. CHURCH STREET JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04092008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2581900</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOOS, WILLIAM J. 231 EAST ADAMS STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTERY, JOHN 9439 WEXFORD ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLERNON, MICHAEL 1713 MT. VERNON DRIVE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McClernon, Michael 1731 Mt. Vernon Drive Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, JIM 111 BLANDING BLVD ORANGE PARK, FL 32073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALLARD, ALMA C 134 E CHURCH ST JACKSONVILLE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MICHAEL D 4250 ORTEGA FOREST DR JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: Alma C. Ballard</b> <i>Alma C. Ballard</i>				<b>6/17/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<small>Signature Phone #</small>				<b>(904) 632-1255</b>	