

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10403

FILED
Apr 27, 2010
Secretary of State

Entity Name: FAMILY HOUSING MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

PROVIDENCE CENTER
134 E. CHURCH STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2581900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOOS, WILLIAM J.
231 EAST ADAMS STREET
JACKSONVILLE, FL 32202 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: BROCK, RICHARD
Address: 501 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP
Name: KELLY, MICHAEL
Address: 4250 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST
Name: BALLARD, ALMA C
Address: 134 EAST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: BEITZ, WILLIAM
Address: 134 E CHURCH ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: DOHERTY, BRIAN
Address: 12235 BRECKENRIDGE CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: GHIOTO, JEANETTE
Address: 1228 BEAUMONT STREET
City-St-Zip: JACKSONVILLE, FL 32259

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: ALMA C BALLARD

ST

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date