

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45570

FILED
Apr 25, 2012
Secretary of State

Entity Name: ABILITY HOUSING OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

126 WEST ADAMS STREET
SUITE 502
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

126 WEST ADAMS STREET
SUITE 502
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3087085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NAZWORTH, SHANNON
126 WEST ADAMS STREET
SUITE 502
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: PD
Name: OSGATHORPE, JOHN
Address: 126 WEST ADAMS STREET, SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD
Name: MATOVINA, GREG
Address: 126 WEST ADAMS STREET, SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T
Name: MATOVINA, GREG
Address: 126 WEST ADAMS STREET, SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S
Name: HOLLEY, KAREN
Address: 126 WEST ADAMS STREET, SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CEO
Name: NAZWORTH, SHANNON
Address: 126 WEST ADAMS STREET, SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202 US

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: SHANNON NAZWORTH

CEO

04/25/2012

Electronic Signature of Signing Officer or Director

Date