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: New Principal Place of Business:

126 WEST ADAMS STREET SUITE 502

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

126 WEST ADAMS STREET SUITE 502

JACKSONVILLE, FL 32202 US

FEI Number: 59-3087085 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:

NAZWORTH, SHANNON 126 WEST ADAMS STREET SUITE 502 JACKSONVILLE, FL 32202 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:

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