

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47236 (7)
1. Corporation Name

JACKSONVILLE HOUSING PARTNERSHIP, INC.

Principal Place of Business

225 WATER STREET
1ST FLOOR, ENTERPRISE TWR.
JACKSONVILLE, FL 32202

Mailing Address

P.O. BOX 47375
JACKSONVILLE, FL 32247
US

3. Date Incorporated or Qualified
02/10/1992

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

53-3106875

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGFIELD, THOMAS J
225 WATER STREET, 1ST FLOOR,
ENTERPRISE TOWER
JACKSONVILLE, FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WEST, FREDERICK C
STREET ADDRESS BARNETT BANK 50 N. LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME ROOD, JOHN
STREET ADDRESS 3030 HARTLEY RD.
CITY-ST-ZIP JACKSONVILLE FL 32257

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS HOOPER, DONALD C
2.4 CITY-ST-ZIP 225 WATER ST, 3RD FLOOR
JACKSONVILLE FL 32202

TITLE VD ☒ DELETE
NAME EVANS, RANDY
STREET ADDRESS 500 WATER ST.
CITY-ST-ZIP JACKSONVILLE FL 32203

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS ROOD, JOHN
3.4 CITY-ST-ZIP 3030 HARTLEY RD.
JACKSONVILLE FL 32257

TITLE VD ☐ DELETE
NAME BEYAH, MALACHI
STREET ADDRESS 2170 W. 13TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
800001752878
-03/21/96--01026--025
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TITLE SD ☒ DELETE
NAME BROWDY, RICHARD
STREET ADDRESS 7563 PHILLIPS HWY. STE. 101
CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME SD
5.3 STREET ADDRESS WASHINGTON, LLOYD
5.4 CITY-ST-ZIP 2344 SHERRINGTON STREET
JACKSONVILLE FL 32209

TITLE TD ☐ DELETE
NAME RAINNIE, WARD
STREET ADDRESS 4190 BELFORD RD.
CITY-ST-ZIP JACKSONVILLE FL 32216

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Fredrick West C. FREDRICK WEST, PRESIDENT 1/20 (904) 791-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)