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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

225 WATER STREET
1ST FLOOR, ENTERPRISE TWR.
JACKSONVILLE FL 32202P.O. BOX 47375
JACKSONVILLE FL 32247-7375
US3. Date Incorporated or Qualified
02/10/19923a. Date of Last Report
03/20/19964. FEI Number
59-3106875Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 of officer or director 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	<input checked="" type="checkbox"/> DELETE
NAME	HOOPER, DONALD C	
STREET ADDRESS	225 WATER ST, 3RD FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROOD, JOHN,	
STREET ADDRESS	3030 HARTLEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROOD, JOHN	
STREET ADDRESS	3030 HARTLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEYAH, MALACHI,	
STREET ADDRESS	2170 W. 13TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WASHINGTON, LLOYD	
STREET ADDRESS	2344 SHERRINGTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARD, RAINNIE	
STREET ADDRESS	4190 BELFORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *S. Ward Rainnie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

904-291-8619

CR2E037 (9/96)

BOARD OF DIRECTORS
7/10/96

TD
HOLLY CLEVELAND
FIRST UNION NATIONAL BANK
P.O. BOX 2080 - FL/0490
JACKSONVILLE, FL 32231

D
NATHAN KRESTUL
231 EAST FORSYTH STREET
JACKSONVILLE, FL 32202

D
STUART WILLIAMS
POST OFFICE BOX 2340
JACKSONVILLE, FLORIDA 32232-
2340

D
JERRY ZWICKEL
1089 SECRET OAKS PLACE
JACKSONVILLE, FLORIDA 32259

D
WALTER WILLIAMS
10450 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

D
RICK WILSON
STATE FARM INSURANCE CO.
8001 BAYMEADOWS WAY
JACKSONVILLE, FL 32296

D
FLOSSIE BRUNSON
1510 HARRISON ST.
JACKSONVILLE, FL 32206

D
DONALD CURTIS
UNITED WAY OF NE FLORIDA
P.O. BOX 41428
JACKSONVILLE, FL 32203-1428

D
LOUIS DINAH
BETTER LIVING COMMUNITIES
1711 MCMILLAN ST.
JACKSONVILLE, FL 32209

D
RONNIE FERGUSON
JACKSONVILLE HOUSING
AUTHORITY
1300 BROAD ST.
JACKSONVILLE, FL 32202-3901

D
JEANNIE FEWELL, DIRECTOR
CITY OF JACKSONVILLE
128 EAST FORSYTH ST.
JACKSONVILLE, FL 32202

D
LEE JOHNSON
5920 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

D
SUSAN MCDONALD, ESQ.
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

D
JOHN MCPHERSON
NORTH RIVERSIDE NEIGHBORHOOD
ASSOC.
2543 LEWIS ST.
JACKSONVILLE, FL 32205

D
KRISTEN PACKARD
3030 HARTLEY RD.
JACKSONVILLE, FL 32257

D
TED PAPPAS
PAPPAS ASSOCIATES ARCHITECTS
100 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

D
BRENDA RUSSELL
CSX TRANSPORTATION
500 WATERS ST., J150
JACKSONVILLE, FL 32202

D
WILLIAM SCHEU
1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE, FL 32207

D
GINGER SOUD
CITY COUNCIL
10TH FLOOR, CITY HALL
JACKSONVILLE, FL 32202

D
BO STRINGER
BARNETT BANK OF JACKSONVILLE
P.O. BOX 990
JACKSONVILLE, FL 32231

D
WILLIAM TIERNEY
DIOCESE OF ST. AUGUSTINE
11625 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32223