NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **N47236**

Corporation Name

JACKSONVILLE HOUSING PARTNERSHIP, INC.

Principal Place of Business 4401 EMERSON ST JACKSONVILLE FL 32207

2. Principal Place of Business

Mailing Address

P.O. BOX 47375 JACKSONVILLE FL 32247

2a. Mailing Address

US

## FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90099 016 \*\*\*\*70.00

3. Date Incorporated or Qualifed

02/10/1992

21		4401 kmersol	$n \rightarrow t$						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	<del> </del>	lied For		
22 511	ite 1	27 Suite 1			59-3106875		Applicable		
City & State	8	City & State			5. Certifcate of Status Desired	<sub>П.</sub> \$8.75 Ас			
23		28 Tacksonville	e.FI		Certificate of Citation Science	XX Fee Req	uired		
Zip	Country	Zip	Country		6. Election Campaign Financing	□ \$5.00 h	May Be		
24	25	29 32207 30	USA		Trust Fund Contribution	Added to	Fees		
	9. Name and Address of Current	<del></del>	USA-		10. Name and Address of New Re	gistered Agent			
_			81	Name					
	R, CAROLYN W		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	rson street		83	83					
JACKSON'	VILLE FL 32207				•				
			84	City	,	85 Zip Ci	ode		
						FL   S   Z   S			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, t	the above-	named co	rporation submits this statement for the pu	urpose of changing its r	egistered istered		
oπice or re agent. I a	egistered agent, or both, while state of m familiar with and accept the obtodio	ps of, Section 617.0503, Florida	Statutes.	ie corpora	tion's board of directors. I hereby accept	- 11. 10-			
SIGNATURE		M CARNUN	(1) F	771/	UCED É	2// <i>6/99</i>	- {		
SIGNATURE	Signature, typed or printed name of registered agent	d title if applicable. NOTE: Boo	stered Apent	signature cequ	ings when prinstating)	DATE			
12.	OFFICERS AMD		14/-17	1	ADDITIONS/CHANGES TO OFFI				
TITLE	VD	☐ DELETE	1.1 TITLE		VD	Change	Addition		
NAME	BEYAH, MALACHI,	A	1.2 NAME						
STREET ADDRESS	2170 W. 13TH ST.	i	1.3 STREET	ADDRESS D	lack, Nelson				
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY-ST-	zip 2	25 Water St., 8th	Floor			
TITLE	SD	☐ DELETE	2.1 TITLE	1		☐ Change	Addition		
NAME	WASHINGTON, LLOYD	1	2.2 NAME		Jacksonville, FL 3	2202			
STREET ADDRESS	2344 SHERRINGTON STREET		2.3 STREET	ADDRESS					
*		1		1			J		
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST 3.1 TITLE			Change	Addition		
TITLE	VD	_		V		A	_		
NAME	WILLIAMS, WALTER	1	3.2 NAME		illiams, W <b>a</b> lter		1		
STREET ADORESS	10450 SAN JOSE BLVD.		3.3 STREET	ADDRESS 4	45 State Road 13 N	. Suite 6B			
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4. CITY-ST	-ZIP _	acksonville, FL 32	259 ===			
TITLE	PD	☐ DELETE	4.1 TITLE		uonbonviii, 1 - 01	∠JJ ☐ Change	☐ Addition		
NAME	CLEVELAND, HOLLY K		4. 2 NAME						
STREET ADDRESS	225 WATER ST. 2ND FLOOR		4.3 STREET	ADDRESS			}		
CITY-ST-ZIP	JACKSONVILLE FL 32202	_1	4.4 CITY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME				İ		
			6.3 STREET	ADDRESS		•			
STREET ADDRESS			6.4 CITY-ST-	1			•		
CITY_ST_7!P	1		A-4 OILL-01.						

14. I 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 trasper 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (904)361-300

JKZEU3/ (11/98)