

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

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DOCUMENT # N47236

1. Corporation Name

JACKSONVILLE HOUSING PARTNERSHIP, INC.

Principal Place of Business

**4401 EMERSON ST
JACKSONVILLE FL 32207**

Mailing Address

**P.O. BOX 47375
JACKSONVILLE FL 32247
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 1

City & State

23 Zip Country

24 **25** **29** **30** **USA**

2a. Mailing Address

26 4401 Emerson St.

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Jacksonville, FL

29 32207 **30** USA

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

59-3106875

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ETTLINGER, CAROLYN W
4401 EMERSON STREET
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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

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

CAROLYN W. ETTLENGER

2/16/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

Carolyn W. Ettlenger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

DATE

(904) 361-3000

DAYTIME PHONE #

CR2E037 (11/98)