

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47236

FILED
Jan 29, 2004
Secretary of State**Entity Name:** HOUSING PARTNERSHIP OF JACKSONVILLE, INC.**Current Principal Place of Business:**4401 EMERSON ST
STE 1
JACKSONVILLE, FL 32207**New Principal Place of Business:****Current Mailing Address:**4401 EMERSON ST
STE 1
JACKSONVILLE, FL 32207 US**New Mailing Address:****FEI Number:** 59-3106875**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ETTLINGER, CAROLYN W
4401 EMERSON STREET
STE 1
JACKSONVILLE, FL 32207**Name and Address of New Registered Agent:**

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:** TD () Delete
Name: DUCLOS, MICHEAL
Address: 6111 N. GAZABO PARK PL
City-St-Zip: JACKSONVILLE, FL 32257**Title:** SD () Delete
Name: STEVENS, DWAIN
Address: 9786 BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32220**Title:** P () Delete
Name: BEN, BISHOP
Address: 9715 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246**Title:** D () Delete
Name: MICHELLE, O'ROURKE
Address: 9428 BAYMEADOWS RD., STE 625
City-St-Zip: JACKSONVILLE, FL 32256**Title:** VP () Delete
Name: GULLIFORD, TRIPP
Address: 1805 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204**Title:** D () Delete
Name: STILES, JEFF
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: DOUG, VANDERLAAN
Address: 1453 MARKET STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32206**Title:** T (X) Change () Addition
Name: WHITNER, JOHN
Address: P.O. BOX 2080
City-St-Zip: JACKSONVILLE, FL 32231**Title:** P (X) Change () Addition
Name: BEN, BISHOP
Address: 1502 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BCH, FL 32250**Title:** S (X) Change () Addition
Name: MICHELLE, O'ROURKE
Address: 9428 BAYMEADOWS RD., STE 625
City-St-Zip: JACKSONVILLE, FL 32256**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BEN BISHOP

P

01/29/2004

Electronic Signature of Signing Officer or Director

Date