

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47236

FILED
Jan 11, 2005
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 US

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: D () Delete
Name: DOUG, VANDERLAAN
Address: 1453 MARKET STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: WHITNER, JOHN
Address: P.O. BOX 2080
City-St-Zip: JACKSONVILLE, FL 32231

Title: P () Delete
Name: BEN, BISHOP
Address: 1502 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: S () 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: VP (X) Change () Addition
Name: WHITNER, JOHN
Address: P.O. BOX 2080
City-St-Zip: JACKSONVILLE, FL 32231

Title: T (X) Change () Addition
Name: JOHNSON, HENRY
Address: 2933 N. MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MEEKS, FLORESTINE
Address: 2571 SUMMIT STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: P (X) Change () Addition
Name: GULLIFORD, TRIPP
Address: 1021 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: JILL JINKS

CFO

01/11/2005

Electronic Signature of Signing Officer or Director

Date