

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47236

FILED
Mar 17, 2006
Secretary of State

Entity Name: HOUSING PARTNERSHIP OF NORTHEAST FLORIDA, 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: VP () Delete
Name: WHITNER, JOHN
Address: P.O. BOX 2080
City-St-Zip: JACKSONVILLE, FL 32231

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

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

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

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

Title: D (X) Delete
Name: STILES, JEFF
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: GULLIFORD, WILLIAM I III
Address: 1021 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: TRES (X) Change () Addition
Name: ALLAN, WULBERN
Address: 225 WATER ST, STE 1800
City-St-Zip: JACKSONVILLE, FL 32202

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

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 Chapter 119, 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: CAROLYN ETTlinger

ED

03/17/2006

Electronic Signature of Signing Officer or Director

Date