

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90045 030 ****61.25

DOCUMENT # N47236

1. Entity Name
**HOUSING PARTNERSHIP OF NORTHEAST FLORIDA,
INC.**



Principal Place of Business
**4401 EMERSON ST
STE 1
JACKSONVILLE, FL 32207**

Mailing Address
**4401 EMERSON ST
STE 1
JACKSONVILLE, FL 32207 US**

40012000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3106875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ETTLINGER, CAROLYN W
4401 EMERSON STREET
STE 1
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **WHITNER, JOHN**
STREET ADDRESS **225 WATER ST, 2ND FLOOR**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **VP** ☐ Delete
NAME **MAXWELL, PAM**
STREET ADDRESS **801 W. BAY STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **TRES** ☒ Delete
NAME **LEWIS, W J**
STREET ADDRESS **1110 WEST 21SR STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **SEC** ☐ Delete
NAME **BROWN, JOYCE**
STREET ADDRESS **2121 THOMAS COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SEE ATTACHED**
STREET ADDRESS **LIST**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CAROLYN ETTLINGER
EXECUTIVE DIRECTOR**

**904-
415/08 3984484**

ATTACHMENT 40072345
#N47236

Officers and Directors

President
Whitner, John
225 Water Street, 2nd Floor
Jacksonville, FL 32202

Vice President
Maxwell, Pamela
801 W. Bay Street
Jacksonville, FL 32204

Treasurer
Schofield, Jane
1354 N. Laura Street
Jacksonville, FL 32206

Secretary
Brown, Joyce
2121 Thomas Court
Jacksonville, FL 32207

Executive Director
Ettlinger, Carolyn
4401 Emerson Street
Jacksonville, FL 32207