

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47236

FILED
May 04, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAMPEL, HARRY K PRES
4401 EMERSON STREET
JACKSONVILLE, FL 32207 US

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: HARRY K. HAMPEL

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WHITNER, JOHN
Address: 225 WATER ST, 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: MAXWELL, PAM
Address: 801 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: PRES () Delete
Name: WHITNER, JOHN
Address: 225 WATER STREET 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32202 43

Title: SEC (X) Delete
Name: BROWN, JOYCE
Address: 2121 THOMAS COURT
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change () Addition
Name: SCOFIELD, JANE
Address: 1354 N LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32206

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

I hereby certify that the information supplied with this filing does not qualify 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: ALLAN E. WULBERN

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date