

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47236

FILED
Feb 13, 2003
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 (X)

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: WILLIAMS, WALTER
Address: 445 SR 13 N STE 6B
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: SHEU, WILLIAM
Address: 1301 RIVERPLACE BLVD STE 500
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: GULLIFORD, TRIPP
Address: 121 W. FORSYTH ST. STE. 200
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: P (X) Change () Addition
Name: BEN, BISHOP
Address: 9715 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change () Addition
Name: MICHELLE, O'ROURKE
Address: 9428 BAYMEADOWS RD., STE 625
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: GULLIFORD, TRIPP
Address: 1805 COPELAND 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: CAROLYN ETTlinger

ED

02/13/2003

Electronic Signature of Signing Officer or Director

Date