FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49230 (8)

1. Corporation Name

CPJ HOUSING, INC.

Principal Place of Business	Mailing Address
3311 BEACH BLVD. JACKSONVILLE FL 32207-3890	3311 BEACH BLVD. JACKSONVILLE FL 32207-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992	3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-3246293	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc
22	27
City & State	City & State
23	28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status PENDING ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDS	11 TITLE	D ☒ Change ☐ Addition
NAME	EMANS, CHRISTOPHER F.	12 NAME	EMANS, CHRISTOPHER F.
STREET ADDRESS	982 ORANGEWOOD ROAD	13 STREET ADDRESS	2152 Forest Hollow Way
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32259
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	BLACKBURN, DENNIS L.	22 NAME	BLACKBURN, DENNIS L.
STREET ADDRESS	1111 RIVER OAKS ROAD	23 STREET ADDRESS	1111 River Oaks Road
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL 32207-4111
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	TANNER, DORCAS G.	32 NAME	
STREET ADDRESS	4035 BOONE PARK AVENUE	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE		41 TITLE	S/T/D ☐ Change ☒ Addition
NAME		42 NAME	CLARK, JR., PAUL M.
STREET ADDRESS		43 STREET ADDRESS	1725 Lisa Avenue
CITY ST ZIP		44 CITY ST ZIP	Fernandina Beach, FL 32034
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorcas G. Tanner Dorcas G Tanner 04/24/95 904-396-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026184