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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

N49230

(8)

· CPJ HOUSING, INC.

FILED May 20, 1996 08:00 AM Secretary of State



		Mailing Address				- 64 16 6 4 4 10 10 10 10 1	ikir da ir Ardor <i>r</i>	Atali Alan Bidii a	
Principal Place of Business Mailing Address									
3311 BEACH BLVD. 3311 BEACH BLVD. JACKSONVILLE FL				2207.3883					
JACKSONVILLE FL 32207-3893		PAONOCHINELE PE	JACKSONVILLE FL 32207-3893			3. Date incorporated or Qualified 06/04/1992	05/01/1995		95
) Principal Plans	a of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
2. Principal Place of Business		26				59-3246293		+	ot Applicable
Suite, Apt. #,	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Suite, Apt. #, (27							
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
3		28				Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip	30 Co	ountry		This corporation has liability for Florida Statutes	or intangible Ves [☐ No	
4	9. Name and Address of Curre	29 ant Registered Agent	30			10. Name and Address of New	Registere	d Agent	
	9. Name and Address of Curre	ur negioralen wäeur		81	Name				
==	MARKES RELAPET			90	Street Andels	ress (P.O. Box Number is Not Accept	able)		
SMITH, H	IULSEY & BUSEY	row/EQ		82	Cirrect ACIC	CONTROL DOM: 1011 DOI 10 11361 1000pt			
1800 FIRST UNION NATIONAL BANK TO 225 WATER STREET		IONER		83					
ZZ5 WAT	EN DINEE!			84	City			85 Zip	Code
	NVILLE FL 32202			- 1 - 1	•		F		
11. Pursuant to	the provisions of Sections 617.050	02 and 617.1508, Florida SI	talutes, the at	bove na	amed corpor	ration submits this statement for the production and of directors. I hereby accept the ap-	purpose of a ppointment	changing its re as registered :	∍gistered offic agent. I am
	ed agent, or both, in the State of Flo n, and accept the obligations of, Sec			e corpc	JOHN S HUBBIN	ration submits this statement for the part of directors. I hereby accept the ap		<u>.</u>	
	i, and accept the congulation of 90	-, -, -							
SIGNATURE _									
- 5	Signature, typied or printed name of registered ago	ort and tille it applicable			I signature require	od when reinstating' ADDITHONS/CHANGES TO C	DATE DEFICERS A		RS IN 12
	Signature: typied or printed name of registered ago OFFICERS A	ND DIRECTORS	1:	3.	t signature require	ed when reinstating" ADDITIONS/CHANGES TO C			RS IN 12
12.	OFFICERS A	ort and tile it apple MYE ND DIRECTORS DELETE	1.1	3. 1 TOLE	r signature require	d when reinstating ADDITIONS CHANGES TO C		ND DIRECTO	
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ME OF SIGNING OFFICER OR DIRECTOR