2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90117 011 ****61.25

DOCUMENT # N49230

1. Entity Name

CPJ HOUSING, INC.

Principal Place of Business	Mailing Address
3311 BEACH BLVD. JACKSONVILLE FL 32207-3893	3311 BEACH BLVD. JACKSONVILLE FL 32207-3704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2418 Schumacher Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX, FL	City & State
Zip: 32207 Country	Zip Country

4. FEI Number: 59-3246293 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
same person - name change ~~JOHNSON~~, HOLLY C CEREBRAL PALSY OF NORTHEAST FLORIDA, INC. 3311 BEACH BLVD. JACKSONVILLE FL 32207-3893	Name: Holly C Peters 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.

SIGNATURE: Holly C Peters Holly C. Peters President 4/6/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD ~~D~~	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DUVALL, JOHN E		NAME	Mahalia Johnson	
STREET ADDRESS	121 W FORSYTH ST SUITE 1000		STREET ADDRESS	7899 MacDougall Dr	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	JAX, FL 32244	
TITLE	D ~~STD~~	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SHANKS, DANIEL E MD		NAME	Michelle Miller	
STREET ADDRESS	3276 HIDDEN LAKE DRIVE		STREET ADDRESS	647 Montego Rd W	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	JAX, FL 32216	
TITLE	~~P~~ ~~CD~~	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	~~JOHNSON~~, HOLLY C		NAME	Holly C. Peters	
STREET ADDRESS	3311 BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	~~STD~~	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEFOOR, DAN		NAME		
STREET ADDRESS	929 BROOKMONT AVE E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Goss, Matt	
STREET ADDRESS			STREET ADDRESS	3494 Sandburg Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville FL 32211	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Lalli, Cora	
STREET ADDRESS			STREET ADDRESS	5620 Stelton Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville FL 32277	

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Holly C Peters Holly C. Peters 4/6/00 904-396-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #