

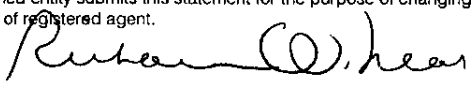
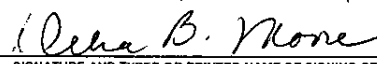
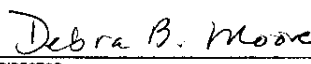


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90023 034 \*\*\*\*61.25

<b>DOCUMENT # N92000000982</b>					
<b>1. Entity Name</b> WESLEY GROUP HOME MINISTRIES OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 1415 LA SALLE STREET JACKSONVILLE, FL 32207-3196			<b>Mailing Address</b> 1415 LA SALLE STREET JACKSONVILLE, FL 32207-3196		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<div style="font-size: 24px; font-weight: bold;">94047117</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>03312004</span> <span>Chg-NP</span> <span>CR2E037 (10/03)</span> </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 59-6045472				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHAFER, THOMAS L 1415 LASALLE STREET JACKSONVILLE, FL 32207			Name <b>Neal, Richard W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1415 LaSalle Street</b> City <b>Jacksonville</b> <b>FL</b> <b>32207</b>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE 		<b>Richard W. Neal</b>		<b>04-01-04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> S	<b>NAME</b> PENNEY, EVELYN		<b>TITLE</b> PD	<b>NAME</b> Neal, Richard W.	
<b>STREET ADDRESS</b> 2149 HUNTSFORD ROAD	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207		<b>STREET ADDRESS</b> 1415 LaSalle St., Jax., FL	<b>CITY-ST-ZIP</b> 32207	
<b>TITLE</b> T	<b>NAME</b> MOORE, DEBRA B.		<b>TITLE</b> PD	<b>NAME</b> Neal, Richard W.	
<b>STREET ADDRESS</b> 1415 LASALLE STREET	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207		<b>STREET ADDRESS</b> 1415 LaSalle St., Jax., FL	<b>CITY-ST-ZIP</b> 32207	
<b>TITLE</b> D	<b>NAME</b> PRESTON, ED		<b>TITLE</b> PD	<b>NAME</b> Neal, Richard W.	
<b>STREET ADDRESS</b> 1401 PEARL STREET	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32206		<b>STREET ADDRESS</b> 1415 LaSalle St., Jax., FL	<b>CITY-ST-ZIP</b> 32207	
<b>TITLE</b> PD	<b>NAME</b> SHAFER, THOMAS L		<b>TITLE</b> PD	<b>NAME</b> Neal, Richard W.	
<b>STREET ADDRESS</b> 1415 LASALLE STREET	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207		<b>STREET ADDRESS</b> 1415 LaSalle St., Jax., FL	<b>CITY-ST-ZIP</b> 32207	
<b>TITLE</b> D	<b>NAME</b> JENNINGS, FRANCES		<b>TITLE</b> PD	<b>NAME</b> Neal, Richard W.	
<b>STREET ADDRESS</b> 1604 AVONDALE AVE	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210		<b>STREET ADDRESS</b> 1415 LaSalle St., Jax., FL	<b>CITY-ST-ZIP</b> 32207	
<b>TITLE</b> D	<b>NAME</b> MASSEY, MARY A.		<b>TITLE</b> PD	<b>NAME</b> Neal, Richard W.	
<b>STREET ADDRESS</b> 1902 EPPING FOREST WAY S.	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32217		<b>STREET ADDRESS</b> 1415 LaSalle St., Jax., FL	<b>CITY-ST-ZIP</b> 32207	
<b>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.</b>					
<b>SIGNATURE:</b>   <b>4/7/04 904 396 3026</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					