

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90217 039 ****61.25

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DOCUMENT # N96000001332

1. Entity Name

THE HOUSES OF ASHKELON, INC.



Principal Place of Business

**1746 LONDON AVE
JACKSONVILLE FL 32207
US**

Mailing Address

**1746 LONDON AVE
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3381028**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, JOAN F
1746 LONDON AVE
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

Same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan F. Reynolds

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Apr. 30 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **REYNOLDS, JOAN F** **P.**
STREET ADDRESS **3414 RICKY COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **Judith Hamilton** **D.** Change Addition
NAME
STREET ADDRESS **85 DeBarry Ave**
CITY-ST-ZIP **Unit 3053
Orange Park FL 32073**

TITLE **D** Delete
NAME **FOWLER, FRANCES S**
STREET ADDRESS **1766 LONG SLOUGH WALK**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **Phyllis Silverman** **P.** Change Addition
NAME
STREET ADDRESS **6244 Merriell Road**
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **D** Delete
NAME **SIMMONS, JOY**
STREET ADDRESS **1534 PLAINFIELD AVENUE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **Gigi Kosalko** **D.** Change Addition
NAME **(Grace Kosalko)**
STREET ADDRESS **London Ave**
CITY-ST-ZIP **Jacksonville FL 32207**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joan F. Reynolds

Apr. 30 2003 904 398-6611

CR2E037 (10/02)