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Apr 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N96000004925 (1)**

1. Corporation Name

JACKSONVILLE AFFORDABLE MORTGAGES, INC.



Principal Place of Business

Mailing Address

**FIRST FLOOR, ENTERPRISE TOWER
225 WATER STREET
JACKSONVILLE FL 32202**

**POST OFFICE BOX 47375
JACKSONVILLE FL 32247-7375**

3. Date Incorporated or Qualified
09/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-341130 59-3411330

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, EDWARD L
200 WEST FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202**

81 Name

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

1301 Riverplace Blvd., Suite 1300

83

84 City

Jacksonville

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Edward L. Kelly
Signature, typed or printed name of registered agent and title (if applicable)

EDWARD L. KELLY

2/3/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☐ DELETE
NAME **RAINIE, WARD W**
STREET ADDRESS **4190 BELFORD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **BROWDY, RICHARD S**
STREET ADDRESS **7536 PHILLIPS HWY., SUITE 101**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **CLEVELAND, HOLLY**
STREET ADDRESS **P.O. BOX 2080**
CITY-ST-ZIP **JACKSONVILLE FL 32231**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **CLEVELAND, HOLLY**
3.3 STREET ADDRESS **225 WATER ST FL 0490**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ DELETE
NAME **MCDONALD, SUSAN C ESO.**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1500**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **DINAH, LOUIS**
STREET ADDRESS **1711 MCMILLAN STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Ward W. Rainie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

904-281-8619

Daytime Phone # 0008843

CR2E037 (9/96)