

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004925

1. Corporation Name

JACKSONVILLE AFFORDABLE MORTGAGES, INC.

Principal Place of Business

FIRST FLOOR, ENTERPRISE TOWER
225 WATER STREET
JACKSONVILLE FL 32202

Mailing Address

POST OFFICE BOX 47375
JACKSONVILLE FL 32247

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90153 011 *****8.75

04-14-1999 90153 012 *****61.25



2. Principal Place of Business

21 4401 Emerson Street

Suite, Apt. #, etc.

22 Suite #1

City & State

23 Jacksonville, FL

Zip Country

24 32207

25 US

2a. Mailing Address

26 4401 Emerson Street

Suite, Apt. #, etc.

27 Suite #1

City & State

28 Jacksonville, FL

Zip Country

29 32207

30 US

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

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

9. Name and Address of Current Registered Agent

ETTLINGER, CAROLYN W
225 WATER STREET
1ST FLOOR
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Carolyn W. Ettlinger

82 Street Address (P.O. Box Number is Not Acceptable)
4401 Emerson Street

83 Suite #1

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME RAINNIE, WARD W
STREET ADDRESS 76 SOUTH LAURA STREET, SUITE 500
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

TITLE TD
NAME CLEVELAND, HOLLY
STREET ADDRESS 225 WATER ST FL 0490
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

TITLE VPD
NAME DINAH, LOUIS
STREET ADDRESS 1711 MCMILLAN STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME Carolyn W. Ettlinger

1.3 STREET ADDRESS 4401 Emerson Street, Suite #1

1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF CAROLYN W. ETTLINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 904-361-3060

CR2E037-11198

0006635