## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004925

FILED Jan 11, 2005 Secretary of State

Entity Name: JACKSONVILLE AFFORDABLE MORTGAGES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4401 EMERSON STREET SUITE 1 JACKSONVILLE, FL 32207 **New Mailing Address: Current Mailing Address:** 4401 EMERSON STREET SUITE 1 JACKSONVILLE, FL 32207 FEI Number: 59-3411330 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ETTLINGER, CAROLYN W 4401 EMERSON STREET SUITE 1 JACKSONVILLE, FL 32207 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete O'ROURKE, MICHELLE MEEKS, FLORESTINE Name: Name: 9428 BAYMEADOWS ROAD STE 625 Address: 2571 SUMMIT STREET Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32204 Title: PD Title: (X) Change ( ) Addition () Delete BISHOP, BEN Name: MAXWELL, PAM Name: Address: 1855 WELLS RE. SUITE1 Address: 801 W. BAY STREET City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32204 Title: () Delete Title: (X) Change ( ) Addition WHITNER, JOHN WHITNER, JOHN Name: Name: Address: P.O. BOX 2080 Address: P.O. BOX 2080 City-St-Zip: JACKSONVILLE, FL 32231 City-St-Zip: JACKSONVILLE, FL 32231 Title: ( ) Delete Title: () Change () Addition GULLIFORD, TRIPP Name: Name: Address: 1805 COPELAND STREET Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VANDERLAAN, DOUG JOHNSON, HENRY Name: Name: 1453 MARKET STREET NORTH 2933 N. MYRTLE AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32209 Title: () Delete Title: () Change () Addition STILES, JEFF Name: Name: Address: 8001 BAYMEADOWS WAY Address: JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL JINKS CFO 01/11/2005