

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006303

FILED
Mar 17, 2006
Secretary of State

Entity Name: JACKSONVILLE AFFORDABLE COMMUNITIES - THC, INC.

Current Principal Place of Business:

2170 WEST 13TH STREET
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

2572 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

New Mailing Address:

4401 EMERSON ST
JACKSONVILLE, FL 32207 US

FEI Number: 59-3418189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETTLINGER, CAROLYN W
4401 EMERSON STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GULLIFORD, TRIPP
Address: 1021 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: P () Delete
Name: BRYANT, MICHAEL
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: HAEHNEL, SUE
Address: 1748 ST LAWERENCE WAY
City-St-Zip: JACKSONVILLE,, FL 32223

Title: VP () Delete
Name: WHITNER, JOHN
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GULLIFORD, WILLIAM
Address: 1021 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP (X) Change () Addition
Name: BRYANT, MICHAEL
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SEC (X) Change () Addition
Name: HAEHNEL, SUE
Address: 1748 ST LAWERENCE WAY
City-St-Zip: JACKSONVILLE,, FL 32223

Title: TRES (X) Change () Addition
Name: WHITNER, JOHN
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CAROLYN ETTlinger

ED

03/17/2006

Electronic Signature of Signing Officer or Director

Date