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May 20 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 # N96000006467 (2)

1. Corporation Name

HOME OF HOSANNA, INC.

Principal Place of Business

120-B MYRA STREET
NEPTUNE BEACH FL 32266

Mailing Address

120-B MYRA STREET
NEPTUNE BEACH FL 32266-4835



3. Date Incorporated or Qualified
12/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 415 S. Third St.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville Bch., FL

24 Zip

32250

Country

25 USA

2a. Mailing Address

26 P.O. Box 50253

Suite, Apt. #, etc.

27 City & State

28 Jacksonville Bch., FL

Zip

32240

Country

30 USA

4. FEI Number

59-3418392

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

O'NEILL, KAREN B
O'NEILL & O'NEILL SERVICES, INC.
1009 21ST STREET NORTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME TD
STREET ADDRESS GRIFFITH, BETTIE R
CITY-ST-ZIP 11211 WINDTREE DRIVE EAST
JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BURNAM, KATHRYN
CITY-ST-ZIP 4339 PATHWOOD WAY
JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME VD
STREET ADDRESS GRIFFITH, ELIZABETH A
CITY-ST-ZIP 120-B MYRA STREET
NEPTUNE BEACH FL 32266

TITLE ☐ DELETE

NAME PD
STREET ADDRESS MILLER, THEODORE A III
CITY-ST-ZIP 120-B MYRA STREET
NEPTUNE BEACH FL 32266

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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.

4/29/97

904/273

CR2E037 (9/96)