

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000006467 (2)
1. Corporation Name
HOME OF HOSANNA, INC.



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| Principal Place of Business 415 S THRD ST JACKSONVILLE BCH FL 32250 US | Mailing Address P O BOX 50253 JACKSONVILLE BCH FL 32240 US |
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|---|--|
| 3. Date Incorporated or Qualified 12/16/1996 | |
| 4. FEI Number 59-3418392 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

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 **Bettie R. Griffith**
82. Street Address (P.O. Box Number is Not Acceptable)
11211 Windtree Dr. E.
83.
84. City **Jacksonville** FL 85. Zip Code **32257**

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 *Bettie R. Griffith* **Bettie R. Griffith** 2/13/98
Signature, typed or printed name of registered agent and the date of application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GRIFFITH, BETTIE R | |
| STREET ADDRESS | 11211 WINDTREE DRIVE EAST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BURNAM, KATHRYN | |
| STREET ADDRESS | 4339 PATHWOOD WAY | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GRIFFITH, ELIZABETH A | |
| STREET ADDRESS | 120-B MYRA STREET | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MILLER, THEODORE A III | |
| STREET ADDRESS | 120-B MYRA STREET | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Griffith, Elizabeth A. |
| 3.3 STREET ADDRESS | 415 S. Third Street |
| 3.4 CITY-ST-ZIP | Jacksonville Beach, FL 32250 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Miller, Theodore A. III |
| 4.3 STREET ADDRESS | 415 S. Third St. |
| 4.4 CITY-ST-ZIP | Jacksonville Beach, FL 32250 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: *Elizabeth A. Griffith* **Elizabeth A. Griffith** 2/14/98 904-246-7432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Accounting Phone #

CR2E037 (10/97)