

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006644

1. Entity Name
**NORTH-SIDE AFFORDABLE HOUSING OPPORTUNITIES,
INC.**



Principal Place of Business
**3738 WINTON DRIVE
JACKSONVILLE, FL 32208**

Mailing Address
**4000-B ST JOHN'S AVE., STE 22
JACKSONVILLE, FL 32205**



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3603606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAVEY, JERRY R
4000-B ST JOHN'S AVE., STE 22
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GUNS, PASTOR JOHN
1733 GALLAHUDIAN DRIVE
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
CRAVEY, JERRY
4000B ST. JOHNS AVENUE
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GRANT, SHARON
3738 WINTON DRIVE
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LOCKHART, DAWN
1639 ATLANTIC BLVD.
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PAGE, WOODROW
3436 MONCRIEF ROAD W.
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U-9900148700
05/03/04-80076-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

904-388-2225
Daytime Phone #