

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90367 041 ****61.25

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**

DO NOT WRITE IN THIS SPACE



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3603606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/18/05

Date

904-388-2225

Daytime Phone #