


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 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
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04272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3603606	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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		

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05/13/06-80057-002 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: W. H. Watter Jr 4/08/06 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR