

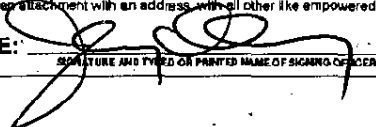


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N99000006644</b> 1. Entity Name <b>NORTH-SIDE AFFORDABLE HOUSING OPPORTUNITIES, INC.</b>		
Principal Place of Business 3738 WINTON DRIVE JACKSONVILLE, FL 32208		Mailing Address 3738 WINTON DRIVE JACKSONVILLE, FL 32208
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>4000-B ST. JOHNS AV</b> Suite, Apt. #, etc. <b>SUITE 22</b>	
City & State _____	City & State <b>JACKSONVILLE, FL</b>	
Zip _____	Country _____	Zip <b>32205</b>
4. FEI Number <b>59-3603606</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CLOUD, GERALD</b> 3738 WINTON DRIVE JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent Name <b>JERRY R. CRAVEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4000-B ST. JOHNS AV # 22</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32205</b>
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: 		DATE: <b>7/17/03</b>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GUNS, PASTOR JOHN</b> 1733 GALLAHADIAN DRIVE JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <b>CRAVEY, JERRY</b> 4000B ST. JOHNS AVENUE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GRANT, SHARON</b> 3738 WINTON DRIVE JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LOCKHART, DAWN</b> 1639 ATLANTIC BLVD. JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PAGE, WOODROW</b> 3438 MONCRIEF ROAD W. JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CLOUD, GERALD</b> 3738 WINTON DRIVE JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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: 		DATE: <b>7/19/03</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR		FILE NO: <b>904-388-2225</b>

CR2E037 (10/02)