

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712846

Entity Name: ALCO HALF WAY HOUSE, INC.

Current Principal Place of Business:

1120 HUBBARD STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

1120 HUBBARD STREET
JACKSONVILLE, FL 32206 US

FEI Number: 59-6203034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITAKER, JOSEPH E
4034 RIVER VALLEY ROAD, W
JACKSONVILLE, FL 32277 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CROOKS, STEVE
Address 815 N. MAIN STREET
City-State-Zip: JACKSONVILLE FL 32207

Title PD
Name JOHNS, JANICE H
Address 3063 WATER STREET
City-State-Zip: JACKSONVILLE FL 32208

Title ASST. SECRETARY
Name WHITAKER, JOSEPH E
Address 4034 RIVER VALLEY ROAD, W
City-State-Zip: JACKSONVILLE FL 32277

Title SECRETARY
Name WISE, MARY J
Address 1120 HUBBARD STREET
City-State-Zip: JACKSONVILLE FL 32206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH E. WHITAKER

ASS'

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date