

**2016 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           JONES, DOUG  
Address        1120 HUBBARD STREET  
City-State-Zip: JACKSONVILLE FL 32206

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

**ASST. SECRETARY**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date