

2018 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: Yes

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: JOSEPH E. WHITAKER

01/27/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MOONEYHAM, DENNIS
Address 5252 JULINGTON FOREST DRIVE, S
City-State-Zip: JACKSONVILLE FL 32258

Title PD, CHAIRMAN
Name HOWARD, DAVID F.
Address 12433 ATTRILL ROAD
City-State-Zip: JACKSONVILLE FL 32258

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

Title ASSISTANT TREASURER
Name PHILLIPS, MICHAEL R.
Address 51 E. MONROE STREET
City-State-Zip: JACKSONVILLE FL 32203

Title VP
Name MCNURLIN, JOHN
Address 181 ARLINGTON ROAD
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name MATZKE, TOM
Address 3014 SKIPPER LANE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name BURR, JASPER
Address 417 CASSAT AVENUE
City-State-Zip: JACKSONVILLE FL 32254

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 WHITAKER

REGISTERED AGENT

01/27/2018

Electronic Signature of Signing Officer/Director Detail

Date