

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

HAYS, MARY J  
49 WEST 6TH. ST.  
JACKSONVILLE, FL 32206 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:** MARY J. HAYS

02/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JOHNS, JANICE H  
Address        1120 HUBBARD STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title           PD  
Name           CHRIS, HAYS J  
Address        49 WEST 6TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title           VP  
Name           BUTZLOFF, SCOTT  
Address        1120 HUBBARD ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title           SECRETARY  
Name           HAYS, MARY J  
Address        49 WEAT 6TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title           MEMBER  
Name           KING-MARTENS, ANGEL  
Address        1120 HUBBARD  
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:** MARY J. HAYS

SECRETARY

02/22/2017

Electronic Signature of Signing Officer/Director Detail

Date