

2020 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:**PHILLIPS, MICHAEL
541 EAST MONROE STREET
JACKSONVILLE, FL 32202 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:** MICHAEL PHILLIPS

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name VINING, STEPHEN
Address 4248 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name SEGALO, ALEN
Address 4767 SAN JOSE MANOR DR W #4
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name HERNANDEZ, JOE
Address 1120 HUBBARD STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name MCCALL, WENDIE
Address 1120 HUBBARD STREET
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY
Name BICKLEY, BRIGGS
Address 1120 HUBBARD STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name DAVIS, BRYAN
Address 1120 HUBBARD STREET
City-State-Zip: JACKSONVILLE FL 32206

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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: DOUGLAS JONES**EXECUTIVE DIRECTOR**

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	EXECUTIVE DIRECTOR
Name	JONES, DOUG
Address	1120 HUBBARD STREET
City-State-Zip:	JACKSONVILLE FL 32206