

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721940

**Entity Name:** CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.**FILED**  
**Mar 17, 2022**  
**Secretary of State**  
**6603406917CC****Current Principal Place of Business:**3100 UNIVERSITY BLVD. S.  
SUITE 235  
JACKSONVILLE, FL 32216**Current Mailing Address:**ALMA C. BALLARD  
3100 UNIVERSITY BLVD. S. SUITE 235  
JACKSONVILLE, FL 32216 US**FEI Number: 59-1830079****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOOS, WILLIAM J  
231 E ADAMS 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	ST
Name	BALLARD, ALMA C
Address	3100 UNIVERSITY BLVD. S. SUITE 235
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	HASSELL, ANITA
Address	3100 UNIVERSITY BLVD. S. SUITE 121
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	BELSON, LLOYD
Address	2135 ANNISTON ROAD
City-State-Zip:	JACKSONVILLE FL 32246

Title	VP
Name	DAVIS, JAMES
Address	12543 MISSION HILLS CIRCLE S.
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	JOOST O'NEAL, HELEN
Address	1299 NORWICH ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	ZEHNDER, DONALD M.
Address	3213 TROPHY PLACE
City-State-Zip:	JACKSONVILLE FL 32225

Title	PRESIDENT
Name	ZEAITER, TONY
Address	13773 SAND CREEK DRIVE
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	DOYLE, THOMAS
Address	5712 SABENA ROAD
City-State-Zip:	JACKSONVILLE FL 32207

**Continues on page 2**

*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: ALMA C. BALLARD****SECRETARY TREASURER 03/17/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 HUSKINS, PAULA  
Address             13097 AEGEAN DRIVE  
City-State-Zip:   JACKSONVILLE FL 32246

Title                   DIRECTOR  
Name                 HIMMELBERG, MICHAEL  
Address             17721 QUINBY ISLAND CT  
City-State-Zip:   JACKSONVILLE FL 32224

Title                   DIRECTOR  
Name                 MADEJA, FRED  
Address             3925 ARBOR LAKE DRIVE WEST  
City-State-Zip:   JACKSONVILLE FL 32225

Title                   DIRECTOR  
Name                 HUGHES, GARY  
Address             15789 BUTCH BAINE DRIVE  
City-State-Zip:   JACKSONVILLE FL 32218