

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721940

Entity Name: CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.**FILED**
Feb 08, 2017
Secretary of State
CC6839200852**Current Principal Place of Business:**PROVIDENCE CENTER
134 E CHURCH ST
JACKSONVILLE, FL 32202**Current Mailing Address:**ALMA C. BALLARD
134 E CHURCH ST
JACKSONVILLE, FL 32202 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 134 EAST CHURCH STREET
City-State-Zip: JACKSONVILLE FL 32202Title DIRECTOR
Name HASSELL, ANITA
Address 134 EAST CHURCH STREET
City-State-Zip: JACKSONVILLE FL 32202Title D
Name STEINAUER, SALLY
Address 2916 REMINGTON STREET
City-State-Zip: JACKSONVILLE FL 32205Title D
Name BELSON, LLOYD
Address 2135 ANNISTON ROAD
City-State-Zip: JACKSONVILLE FL 32246Title DIRECTOR
Name YATES, ALTON W.
Address 2923 RIBAUT SCENIC DRIVE
City-State-Zip: JACKSONVILLE FL 32208Title PRESIDENT
Name GLOCKER, T. WILLIAM
Address 200 W. FORSYTH STREET
SUITE 1610
City-State-Zip: JACKSONVILLE FL 32202Title DIRECTOR
Name DAVIS, JAMES
Address 12543 MISSION HILLS CIRCLE S.
City-State-Zip: JACKSONVILLE FL 32225Title DIRECTOR
Name JOOST O'NEAL, HELEN
Address 1299 NORWICH 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**EXECUTIVE DIRECTOR****02/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name DEL ROSARIO LOPEZ, MAYRA
Address 717 TROWBRIDGE LANE
City-State-Zip: JACKSONVILLE FL 32225