

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721940

Entity Name: CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.**FILED**
Feb 28, 2020
Secretary of State
7617509571CC**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	HASELL, 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	DIRECTOR
Name	YATES, ALTON W.
Address	2923 RIBAUT SCENIC DRIVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	DIRECTOR
Name	GLOCKER, T. WILLIAM
Address	200 W. FORSYTH STREET SUITE 1610
City-State-Zip:	JACKSONVILLE FL 32202

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

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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: ALMA C. BALLARD**SECRETARY/TREASURER 02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name FRANCESCHI, MARIA
Address 3138 HOLLY BERRY LN
City-State-Zip: JACKSONVILLE FL 32277

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

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

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