

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721940

**Entity Name:** CATHOLIC CHARITIES HOUSING ASSOCIATION OF JACKSONVILLE, INC.**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC9360861241****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	PRESIDENT
Name	TURSO, SEBASTIAN P
Address	2331 EAGLES NEST ROAD
City-State-Zip:	JACKSONVILLE FL 32246

Title	VP
Name	SCHNEIDER, JANN
Address	4251 MONUMENT ROAD # 305
City-State-Zip:	JACKSONVILLE FL 32225

Title	ST
Name	BALLARD, ALMA C
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	HICKEY, LAURA
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	STEINAUER, SALLY
Address	2916 REMINGTON STREET
City-State-Zip:	JACKSONVILLE FL 32205

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

**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 04/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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