

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000894

**Entity Name:** FAMILY PROMISE OF JACKSONVILLE INC.

**Current Principal Place of Business:**

225 E DUVAL ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P O BOX 40363  
JACKSONVILLE, FL 32203 US

**FEI Number:** 59-3685470

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUSS, KENNEY, SAFER, HAMPTON & JOOS, PA  
4348 SOUTHSIDE BLVD #101  
JACKSONVILLE, FL 32216 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:** JONATHAN SMITH

03/11/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SMITH, JONATHAN  
Address 2737 HERSCHEL ST.  
City-State-Zip: JACKSONVILLE FL 32205

Title DT  
Name YONG, VICTORIA  
Address 4352 FOREST PARK RD.  
City-State-Zip: JACKSONVILLE FL 32210

Title DD  
Name LYNCH, TOM  
Address 1745 WOODMERE DR.  
City-State-Zip: JACKSONVILLE FL 32210

Title DS  
Name PETRY, MARY  
Address 6921 MCMULLIN STREET  
City-State-Zip: JACKSONVILLE FL 32210

*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:** VICTORIA YONG

**TREASURER**

03/11/2014

Electronic Signature of Signing Officer/Director Detail

Date