

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

DOCUMENT# N45570

**Entity Name:** ABILITY HOUSING OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

76 SOUTH LAURA STREET  
SUITE 303  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

76 SOUTH LAURA STREET  
SUITE 303  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-3087085**

**Certificate of Status Desired: Yes**

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

NAZWORTH, SHANNON  
76 SOUTH LAURA STREET  
SUITE 303  
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            MATOVINA, GREG  
Address        76 SOUTH LAURA STREET  
                 SUITE 303  
City-State-Zip: JACKSONVILLE FL 32202

Title            VICE PRESIDENT  
Name            MCWILLIAMS, ROSS  
Address        76 SOUTH LAURA STREET  
                 SUITE 303  
City-State-Zip: JACKSONVILLE FL 32202

Title            EXECUTIVE DIRECTOR  
Name            NAZWORTH, SHANNON  
Address        76 SOUTH LAURA STREET  
                 SUITE 303  
City-State-Zip: JACKSONVILLE FL 32202

Title            SECRETARY  
Name            EDWARDS, GRAY S  
Address        76 SOUTH LAURA STREET  
                 SUITE 303  
City-State-Zip: JACKSONVILLE FL 32202

Title            TREASURER  
Name            JENKINS, VALERIE H  
Address        76 SOUTH LAURA STREET  
                 SUITE 303  
City-State-Zip: JACKSONVILLE FL 32202

*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: SHANNON NAZWORTH**

**EXECUTIVE DIRECTOR**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date