

2013 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: No

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 BOARD PRESIDENT
Name OSGATHORPE, JOHN
Address 76 SOUTH LAURA STREET
SUITE 303
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD VICE PRESIDENT &
TREASURER
Name MATOVINA, GREG
Address 76 SOUTH LAURA STREET
SUITE 303
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD SECRETARY
Name HOLLEY, KAREN
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

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

03/13/2013

Electronic Signature of Signing Officer/Director Detail

Date