

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45570

**FILED  
Jan 25, 2019  
Secretary of State  
7598508948CC**

**Entity Name:** ABILITY HOUSING, INC.

**Current Principal Place of Business:**

3740 BEACH BOULEVARD  
SUITE 304  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3740 BEACH BOULEVARD  
SUITE 304  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3087085

**Certificate of Status Desired:** Yes

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

NAZWORTH, SHANNON  
3740 BEACH BOULEVARD  
SUITE 304  
JACKSONVILLE, FL 32207 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           VP, CHAIRMAN  
Name           MATOVINA, GREGORY E  
Address        3740 BEACH BOULEVARD  
                  SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title           VC  
Name           MCCARTY, DAVIS  
Address        3740 BEACH BOULEVARD  
                  SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title           CEO, PRESIDENT, TREASURER  
Name           NAZWORTH, SHANNON L  
Address        3740 BEACH BOULEVARD  
                  SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title           VP, SECRETARY  
Name           PEEK, JAKE  
Address        3740 BEACH BOULEVARD  
                  SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

*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

**CEO/REGISTERED  
AGENT**

**01/25/2019**

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

\_\_\_\_\_  
Date