

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N45570

**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: No**

**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 GRIFFIN, MICHAEL E.  
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, JOHN JACOB R.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name ADAMS, TIFFANY L.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name FRUMKIN, MICHAEL L.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name JOHNSON, RENEE T.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name MCCARTY, JR., HUGH D.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

**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: SHANNON L. NAZWORTH**

**PRESIDENT AND CEO**

**09/24/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name REINERT, ANN M.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name FULLWOOD, REGINALD N.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name KOBB, SHELLY A.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name PIERPONT, RICHARD H.  
Address 3740 BEACH BOULEVARD  
SUITE 304  
City-State-Zip: JACKSONVILLE FL 32207