

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720678** (2)
1. Corporation Name
NEW COLONY HOUSE, INC.



Principal Place of Business: **500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037**
Mailing Address: **500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037**

3. Date Incorporated or Qualified: **04/06/1971**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1365166**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FISCHER, KATHLEEN T
500 S. BEACH ST.
B2
DAYTONA BCH FL 32014**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISCHER, KATHLEEN	
STREET ADDRESS	500 S BEACH ST B2	
CITY - ST - ZIP	DAYTONA BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ABOOD, BOBBI	
STREET ADDRESS	500 S BEACH STREET	
CITY - ST - ZIP	DAYTONA BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LILLIAN, BOMELEY	
STREET ADDRESS	500 S BEACH ST #J-2	
CITY - ST - ZIP	DAYTONA BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INDELICATO, ANDY	
STREET ADDRESS	500 S BEACH ST #K1	
CITY - ST - ZIP	DAYTONA BEACH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOWE, JOHN	
STREET ADDRESS	500 S BEACH ST #K3	
CITY - ST - ZIP	DAYTONA BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Fischer 3/5 904-238-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)