

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 SEP -6 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASB

NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728047**
 1. Corporation Name
PROJECT HOME, INC.

Principal Place of Business
3220-13TH ST. EAST BRADENTON FL. 34208

Mailing Address
P.O. Box 1196 BRADENTON, FL. 34206

300003950129
 -09/18/96 --01030 --005
 *****70.00 *****70.00

2. Principal Place of Business 21 3220-13TH ST. EAST		2a. Mailing Address 26 P.O. Box 1196		3. Date Incorporated or Qualified 11/16/74		3a. Date of Last Report 5/1/95	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-7329928		Applied For Not Applicable	
City & State 23 BRADENTON		City & State 28 BRADENTON FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34208		Country 25 MANATEE		Zip 29 34206-1196		Country 30 MANATEE	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
**LEWIS, GILBERT L.
 12 SAN REMO DRIVE
 LEESBURG, FL. 34748**

10. Name and Address of New Registered Agent
 81 Name **ROSEMARY R. SHEA**
 82 Street Address (P.O. Box Number is Not Acceptable)
3220-13TH STREET EAST
 83
 84 City **BRADENTON FL** 85 Zip Code **34208**

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 office 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 **ROSEMARY R. SHEA** *Rosemary R. Shea* DATE **9/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.D. SANDRA L. LEWIS 12 SAN REMO DRIVE LEESBURG, FL. 34748 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	V.D. JANET L. LYNN 1611-12TH AVENUE W. BRADENTON, FL. 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.T. GILBERT L. LEWIS 12 SAN REMO DRIVE LEESBURG, FL. 34748 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S.T. DAVID D. BENEDICT 1013-40TH AVE EAST BRADENTON, FL. 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. JOHN F. MCCOY 4907 - 28TH AVENUE EAST PALMETTO, FL. <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	P.D. ROSEMARY R. SHEA P.O. BOX 1196 - 3220-13TH ST. E. BRADENTON, FL. 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosemary R. Shea* DATE: **9/1/96** 941-794-4910

CREE037 (3/96)