

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:33

DOCUMENT # **N13984** (2)

1. Corporation Name
ASLAN HOUSE, INC.

Principal Place of Business Mailing Address
**225 E. DUVAL ST.
FIRST UNITED METHODIST
JACKSONVILLE FL 32201
US** **P.O. BOX 52116
JACKSONVILLE FL 32201
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/21/1986** 3a. Date of Last Report **02/17/1994**
4. FEI Number **59-2662845** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**PAULA ANNE HINSON
1626 GERALDINE DRIVE
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, PAULA ANNE	12 NAME	
STREET ADDRESS	1626 GERALDINE DR.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JOANNE REED	22 NAME	
STREET ADDRESS	7077 BONNEVAL ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32216	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERMAN, LEONARD	32 NAME	
STREET ADDRESS	9116 CYPRESS GREEN DR.	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON GREG	42 NAME	
STREET ADDRESS	7077 BONNEVAL ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32216	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS MARLEEN D. REV.	52 NAME	
STREET ADDRESS	1544 CHELSEA PLACE	53 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK, FL 32073	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWRUK, MICHAEL	62 NAME	<i>Delete as Director</i>
STREET ADDRESS	1211 SEMORAN BLVD. #205	63 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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 110.07(3)(b), 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, Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Exec. Director **3/25/95**
Typed or printed name of signing officer or director Date Daytime Telephone #