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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # NI 3984
Corporation Name
Aslan House, Inc.

Principal Place of Business
15 East Duval Street
Tallahassee, FL 32201
Mailing Address
Aslan House, Inc.
PO Box 52116
Tallahassee, Fla - 32201

1. Principal Place of Business 285 East Duval St. Suite, Apt. #, etc.	2a. Mailing Address 28 PO Box 52116, Tall. Fl. 01 Suite, Apt. #, etc.	3. Date Incorporated or Qualified JAN 28 1986 4. FEI Number 59-2662845 Applied For Not Applicable
5. City & State Tall. Fla. 6. Country USA	29. City & State Tall. Fla. 30. Zip 32201	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent Paula Anne Hinson 1626 Geraldine Dr. Jacksonville, FL 32205		10. Name and Address of New Registered Agent [Redacted]

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

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T-ADDRESS	PRES/DIRECTOR JOHNNIE REED DAY 7077 Bonnevill Road TALL-FLA. 32216	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS	TRES. Gregory Johnson 7629 Bonnevill Road # 202 TALL FL 32216	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS	SEC/DIRECTOR Leonard Attimon 9116 Cypress Green Drive TALL-FLA. 32256	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS	DIRECTOR MARGARET DAVIS 1544 Chelsea Ave Orange Park, FL 32073	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS	DIRECTOR Paula Hinson 1626 Geraldine Drive TALL-FLA. 32205	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Paula Hinson* 8/14/99 904-353-4357
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (1/198)