

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25284 (3)
 1. Corporation Name
PLANNERS FOR HOUSING AND CARE, INC.



Principal Place of Business 17 CHIPMAN WAY KINGSTON MA 02364 US	Mailing Address C/O LOYD M. STARRETT-MAHONEY, HAWKES ET AL 75 PARK PLAZA BOSTON MA 02116
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3. Date Incorporated or Qualified 03/08/1988		
4. FEI Number 04-3031262	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BALANO, SUE M
3800 INTERNATIONAL PLACE
100 S.E. SECOND STREET
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. 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 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MINAND, ALLEN J	
STREET ADDRESS	4 WELLINGTON STREET	
CITY-ST-ZIP	BOSTON MA 02118	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, TERENCE G JR.	
STREET ADDRESS	55 DORRINACE STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOSEPH, MARIETTA	
STREET ADDRESS	175 FEDERAL STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STARRETT, LOYD M	
STREET ADDRESS	23 GRANITE STREET	
CITY-ST-ZIP	ROCKPORT MA 01968	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, PHILIP M	
STREET ADDRESS	1159 MAIN STREET	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIOTTI, JOSEPH JR.	
STREET ADDRESS	14 BONAIRE CIRCLE	
CITY-ST-ZIP	WABAN MA 02168	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Granchelli, William F.	
1.3 STREET ADDRESS	80 Autumn Road	
1.4 CITY-ST-ZIP	Wrentham, MA 02093	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ice, Richard E., Rev.Dr.	
2.3 STREET ADDRESS	19427 Forest Place	
2.4 CITY-ST-ZIP	Castro Valley, PA 94546	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miller, James A.	
3.3 STREET ADDRESS	67 Bourne Street	
3.4 CITY-ST-ZIP	Newton, MA 02166	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wallace, Robert B., Rev.Dr.	
4.3 STREET ADDRESS	108 Youle Street	
4.4 CITY-ST-ZIP	Melrose, MA 02176	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Blanton, H. Elmore	
5.3 STREET ADDRESS	19 Otsego Drive	
5.4 CITY-ST-ZIP	Hudson, MA 01749	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE: *Loyd M. Starrett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Loyd M. Starrett, Secretary
 Date **4/29/98** (617) 457-3100
 Daytime Phone # **0077210**

CR2E037 (10/97)