

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32930** (2)  
1. Corporation Name  
**ANTHONY HOUSE, INC.**



Principal Place of Business <b>6215 HOLLY STREET P.O. BOX 880 ZELLWOOD FL 32798</b>		Mailing Address <b>6215 HOLLY STREET P.O. BOX 880 ZELLWOOD FL 32798</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>06/14/1989</b>	
4. FEI Number <b>59-2944839</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AQUIRRESAENZ, HERBERT C/O ANTHONY HOUSE 6215 HOLLY STREET ZELLWOOD FL 32798</b>		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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, BRAIN</b> 1000 Color Pkce.	1.2 NAME	
STREET ADDRESS	<b>P. O. BOX 609520</b> Apopka, FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b> 32703	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, DONNA</b>	2.2 NAME	<b>MARCUS, LEE</b>
STREET ADDRESS	<b>7408-A ROSE AVE.</b>	2.3 STREET ADDRESS	<b>790 N. ORANGE AVE.</b>
CITY-ST-ZIP	<b>LOCKHART FL</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, CHRISTIAN</b>	3.2 NAME	<b>ROSS, JEANETTE</b>
STREET ADDRESS	<b>457 BURNT TREE LANE</b>	3.3 STREET ADDRESS	<b>3430 OVERLOOK RD.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	3.4 CITY-ST-ZIP	<b>ZELLWOOD, FL</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AQUIRRESAENZ, HERB</b>	4.2 NAME	
STREET ADDRESS	<b>4562 LEMANS DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARICE, CAROLE JOY</b>	5.2 NAME	<b>MYERS, ERNEST</b>
STREET ADDRESS	<b>216 W SABAL PALM PL</b>	5.3 STREET ADDRESS	<b>315 E ROBINSON ST, STE 555</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>ORLANDO, FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBINSON, DONNA</b>	6.2 NAME	<b>GATRELL, LARRY</b> 2107 Countryside Dr.
STREET ADDRESS	<b>1219 ADMIRAL DRIVE</b>	6.3 STREET ADDRESS	<b>PO BOX 448</b> Apopka, FL 32712
CITY-ST-ZIP	<b>APOPKA FL</b>	6.4 CITY-ST-ZIP	<b>PLYMOUTH, FL 32768</b>

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: *Herbert Aguirresaenz* 1/22/98 352-383-5577

CR2E037 (1097)