

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL -6 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32930

1. Corporation Name

ANTHONY HOUSE, INC.

Principal Place of Business

6215 HOLLY STREET
P.O. BOX 880
ZELLWOOD FL 32798

Mailing Address

6215 HOLLY STREET
P.O. BOX 880
ZELLWOOD FL 32798



5/17/99 90037 000 \$61.25

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/14/1989

4. FEI Number

59-2944839

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

9. Name and Address of Current Registered Agent

AGUIRRESAENZ, HERBERT
C/O ANTHONY HOUSE
6215 HOLLY STREET
ZELLWOOD FL 32798

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BRYAN
STREET ADDRESS ARMSTRONG, BRYAN
CITY-ST-ZIP 1000 COLOR PLACE
APOPKA FL 32703

TITLE VP
NAME MARCUS, LEE
STREET ADDRESS 790 N ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE S
NAME ROSS, JEANETTE
STREET ADDRESS 3430 OVERLOOK RD
CITY-ST-ZIP ZELLWOOD FL 32798

TITLE D
NAME AGUIRRESAENZ, HERB
STREET ADDRESS 4562 LEMANS DR
CITY-ST-ZIP ORLANDO FL 32808

TITLE D
NAME MYERS, ERNEST
STREET ADDRESS 315 E ROBINSON ST, STE 555
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME GATRELL, LARRY
STREET ADDRESS 2107 COUNTRYSIDE DR
CITY-ST-ZIP APOPKA FL 32712

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

(352) 383-5577

0011236

CR2E037 (5/99)