

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **712846** (5)

1. Corporation Name
ALCO HALF WAY HOUSE, INC.



Principal Place of Business Mailing Address
1120 HUBBARD STREET JACKSONVILLE FL 32206

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 30.

3. Date Incorporated or Qualified **05/31/1967** 3a. Date of Last Report **09/22/1995**
4. FEI Number **59-6203034** 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**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LOTHSCHUTZ, PAUL
3339 ALDRIDGE MALL ROAD
JACKSONVILLE FL 32250**

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 617.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature Date Title Registered Agent Signature Date

12. OFFICERS AND DIRECTORS

12.1 NAME	PD	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	LOTHSCHUTZ, PAUL	
12.3 CITY, ST, ZIP	3339 ALDRIDGE MALL RD	
12.4 TITLE	JACKSONVILLE FL	
12.5 NAME	VD	<input type="checkbox"/> DELETE
12.6 STREET ADDRESS	LLOYD, SAMUEL	
12.7 CITY, ST, ZIP	49 WEST 6TH STREET	
12.8 TITLE	JACKSONVILLE FL	
12.9 NAME	SD	<input type="checkbox"/> DELETE
12.10 STREET ADDRESS	GAGNON, ROLAND	
12.11 CITY, ST, ZIP	1120 HUBBARD STREET	
12.12 TITLE	JACKSONVILLE FL 32206	
12.13 NAME	TD	<input type="checkbox"/> DELETE
12.14 STREET ADDRESS	BILBRO, LARRY	
12.15 CITY, ST, ZIP	1120 HUBBARD STREET	
12.16 TITLE	JACKSONVILLE FL 32206	
12.17 NAME	D	<input checked="" type="checkbox"/> DELETE
12.18 STREET ADDRESS	JACKSON, JAMES	
12.19 CITY, ST, ZIP	1120 HUBBARD STREET	
12.20 TITLE	JACKSONVILLE FL 32206	
12.21 NAME	TD	<input type="checkbox"/> DELETE
12.22 STREET ADDRESS	BROOKS III, THOMAS W.	
12.23 CITY, ST, ZIP	1301 GULF LIFE DRIVE, #204	
12.24 TITLE	JACKSONVILLE FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	Vincent Ohara
13.11 STREET ADDRESS	1120 Hubbard St
13.12 CITY, ST, ZIP	Jacksonville, FL 32206
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 119.07(9)(k), 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: *Paul W. Lothschutz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (104) 355-1334
Date File No.

CR2E037 (12/95)