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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 714688 (9)
1. Corporation Name
HOME AND NEIGHBORHOOD DEVELOPMENT, INCORPORATED



Principal Place of Business Mailing Address
27 RAMBLEWOOD TRAIL DELAND FL 32724 27 RAMBLEWOOD TRAIL DELAND FL 32724-1349

3. Date Incorporated or Qualified 05/29/1968 3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address
21 247 W. VOORHIS AVE 26 P O BOX 444
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 5 27
City & State City & State
23 DELAND FL 28 DELAND FL
Zip Country Zip Country
24 32720 USA 29 32721 30 USA

4. FEI Number 59-2859412 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
COLWELL, ANN
27 RAMBLEWOOD TRAIL
DELAND FL 32720

10. Name and Address of New Registered Agent
81 Name DANKINS K. HODGES
82 Street Address (P.O. Box Number is Not Acceptable) 126 NORTH ST
83
84 City DELAND FL 85 Zip Code 32720

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 *Dankins K. Hodges* DANKINS K. HODGES, EXECUTIVE DIRECTOR 1/7/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STAPLES, DAVID	
STREET ADDRESS	803 S. THOMPSON AVE	
CITY - ST - ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLWELL, ANN	
STREET ADDRESS	27 RAMBLEWOOD TRAIL	
CITY - ST - ZIP	DELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOSTIC, BECKY	
STREET ADDRESS	ABSTRACT CORP FLA AVE	
CITY - ST - ZIP	DELAND, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAGUE, JOHN	
STREET ADDRESS	812 EASTOVER CIR.	
CITY - ST - ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP	32720		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP	32724		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	960 Park PL		
3.4 CITY - ST - ZIP	DELAND FL 32720		
4.1 TITLE	V/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP	32724		
5.1 TITLE	S/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	BRYAN GILLESPIE		
5.3 STREET ADDRESS	238 W STETSON AVE		
5.4 CITY - ST - ZIP	DELAND FL 32720		
6.1 TITLE	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	DANKINS K. HODGES		
6.3 STREET ADDRESS	126 NORTH ST.		
6.4 CITY - ST - ZIP	DELAND FL 32720		

14. I do 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: *Dankins K. Hodges* DANKINS K. HODGES JAN. 8, 1997
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013566

CR2E037 (9/96)