


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 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 # **714688** (9)
1. Corporation Name
HOME AND NEIGHBORHOOD DEVELOPMENT, INCORPORATED



Principal Place of Business 247 W. VOORHIS AVE. SUITE 5 DELAND FL 32720 US		Mailing Address PO BOX 444 DELAND FL 32721 US		3. Date Incorporated or Qualified 05/29/1968	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2859412	
Suite, Apt. #, etc. 22 SUITE 6		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30		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	

9. Name and Address of Current Registered Agent DANKINS K. HODGES 126 N. ST. DELAND FL 32720		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 126 NORTH ST.	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, DAVID	1.2 NAME	
STREET ADDRESS	803 S. THOMPSON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLWELL, ANN	2.2 NAME	
STREET ADDRESS	27 RAMBLEWOOD TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, BECKY	3.2 NAME	TD Ann Rigsby
STREET ADDRESS	960 PARK PL.	3.3 STREET ADDRESS	1035 Torchwood Dr
CITY-ST-ZIP	DELAND, FL 00000	3.4 CITY-ST-ZIP	DeLand FL 32724
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGUE, JOHN	4.2 NAME	
STREET ADDRESS	812 EASTOVER CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN GILLESPIE	5.2 NAME	
STREET ADDRESS	238 W. STETSON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWKINS K. HODGES	6.2 NAME	
STREET ADDRESS	126 N. ST.	6.3 STREET ADDRESS	126 NORTH ST
CITY-ST-ZIP	DELAND FL	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:

Dankins K. Hodges REQUIRED

904 1/6/98 (904) 9434263

CR2E037 (10/97)