

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **726466** (6)
1. Corporation Name
ECHO HOUSE, INC.

Principal Place of Business 100 MARTIN LUTHER KING JR. AVENUE ST. AUGUSTINE FL 32084-4802	Mailing Address 100 MARTIN LUTHER KING JR. AVENUE ST. AUGUSTINE FL 32084-4802
---	---

3. Date Incorporated or Qualified 05/21/1973	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 26-6605350		

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GORDON-MILLS, ROSALIE
77 PARK PLACE
ST AUGUSTINE FL 32084**

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 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 _____ (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	GORDON-MILLS, ROSALIE R.	1.2 NAME	
STREET ADDRESS	77 PARK PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, OTIS A.	2.2 NAME	
STREET ADDRESS	13 CHRISTOPHER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MARGARET	3.2 NAME	
STREET ADDRESS	214 ST. GEORGE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ISABELL	4.2 NAME	
STREET ADDRESS	9 BLANCHE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SUE, THOMAS B. REV.	5.2 NAME	
STREET ADDRESS	%ST. PAUL A.M.E. CHURCH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JONAVA	6.2 NAME	
STREET ADDRESS	84 PARK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL 32084	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 _____ 9/28/98 904/824-1801

CR2E037 (10/97)