

FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90193 006 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 726466

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**



| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 05/21/1973 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 26-6605350 | |
| 24 Country | | 29 Country | | 30 | |
| 25 | | 30 | | 5. Certificate of Status Desired | |
| | | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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

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 | 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, with all other like empowered.

SIGNATURE:

[Signature] April 28, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)