

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 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 # 739837 (3)
1. Corporation Name
THE ELDERLY HOUSING CORPORATION OF SARASOTA, INC

Principal Place of Business 1300 SIXTH STREET SARASOTA FL 34236 US	Mailing Address 1300 SIXTH STREET SARASOTA FL 34236-4977 US
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1977	3a. Date of Last Report 04/02/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-6001286		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PIERCE, RHONDA 1300 SIXTH STREET SARASOTA FL 33577		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		000002113130 -03/13/97--01103--026	
84 City		***122.50 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, WALLACE	1.2 NAME	GARY HOYT
STREET ADDRESS	1919 4TH STREET	1.3 STREET ADDRESS	1527 2nd Street
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	Sarasota, Florida 34236
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, WILLIAM M JR.	2.2 NAME	LAURAE MALONE
STREET ADDRESS	4520 WEBBER STREET	2.3 STREET ADDRESS	2205 JANIE POE DRIVE
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DOROTHY	3.2 NAME	PAUL THORPE, JR
STREET ADDRESS	1825 21ST STREET	3.3 STREET ADDRESS	157 GARDEN LANE
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOYT, GARY	4.2 NAME	LEON CAMPBELL
STREET ADDRESS	1527 2ND STREET	4.3 STREET ADDRESS	3526 PRADO DRIVE
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLMERI, DIANA I	5.2 NAME	JACK CONWAY
STREET ADDRESS	2988 NOVUS STREET	5.3 STREET ADDRESS	528 EL VERNONA
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSSMAN, JANE	6.2 NAME	DANNIE FRAZIER
STREET ADDRESS	4580 ASCOT CIRCLE SOUTH	6.3 STREET ADDRESS	2703 20th STREET
CITY-ST-ZIP	SARASOTA FL 34237	6.4 CITY-ST-ZIP	SARASOTA, FL 34234

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

3-13-97

Daytime Phone # 0081272

CR2E037 (9/96)