

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747083** (4)
1. Corporation Name
PUBLIC HOUSING ASSISTANCE, INC.



Principal Place of Business Mailing Address
501 N. BAY STREET EUSTIS FL 32726

3. Date Incorporated or Qualified **05/07/1979** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 **300 W. Dixie Ave** 26 **300 W. Dixie Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Leesburg FL** 27 **Leesburg FL**
City & State City & State
24 **34748** 25 Country 29 **34748** 30 Country
Zip Zip

4. FEI Number **59-2196112** 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
**LOWE, JAMES H.
501 N BAY ST
EUSTIS FL 32726**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 agent 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's signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LOWE, JAMES H. | |
| STREET ADDRESS | 101 S EUTIS ST | |
| CITY-ST-ZIP | EUSTIS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JONES, ALUN M. | |
| STREET ADDRESS | 707 S MOUND ST. | |
| CITY-ST-ZIP | LEESBURG FL | |
| TITLE | SDT | <input type="checkbox"/> DELETE |
| NAME | JONES, NANCY | |
| STREET ADDRESS | 707 S MOUND ST. | |
| CITY-ST-ZIP | LEESBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOUELLAN, BERNICE | |
| STREET ADDRESS | 2000 PARK CIR APT 58 | |
| CITY-ST-ZIP | LEESBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WARD, MARGARET C. | |
| STREET ADDRESS | 401 N. MILLS ST. | |
| CITY-ST-ZIP | LEESBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ATLEY, PATRICIA | |
| STREET ADDRESS | 700 SOUTH BOYLSTON ST. | |
| CITY-ST-ZIP | LEESBURG FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Alun Jones 4-3-96 (352) 787-670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)