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Jan 28 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 # 747083 (4)

1. Corporation Name  
PUBLIC HOUSING ASSISTANCE, INC.

Principal Place of Business Mailing Address  
300 W. DIXIE AVE. LEESBURG FL 34748  
300 W. DIXIE AVE. LEESBURG FL 34748-6353



3. Date Incorporated or Qualified 05/07/1979  
3a. Date of Last Report 04/06/1996  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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 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  
TITLE PD [ ] DELETE  
NAME LOWE, JAMES H.  
STREET ADDRESS 101 S EUTIS ST  
CITY-ST-ZIP EUSTIS FL  
TITLE VD [ ] DELETE  
NAME JONES, ALUN M.  
STREET ADDRESS 707 S MOUND ST.  
CITY-ST-ZIP LEESBURG FL  
TITLE SDT [ ] DELETE  
NAME JONES, NANCY  
STREET ADDRESS 707 S MOUND ST.  
CITY-ST-ZIP LEESBURG FL  
TITLE D [ ] DELETE  
NAME LOUELLAN, BERNICE  
STREET ADDRESS 2000 PARK CIR APT 58  
CITY-ST-ZIP LEESBURG FL  
TITLE D [ ] DELETE  
NAME WARD, MARGARET C.  
STREET ADDRESS 401 N. MILLS ST.  
CITY-ST-ZIP LEESBURG FL  
TITLE D [ ] 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 [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

CP2E037 (9/96)