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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

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2196112	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LOWE, JAMES H.
501 N BAY ST
EUSTIS FL 32726

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	PD LOWE, JAMES H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 S EUTIS ST EUSTIS FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD JONES, ALUN M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	707 S MOUND ST. LEESBURG FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SDT JONES, NANCY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	707 S MOUND ST. LEESBURG FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOUELLAN, BERNICE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 PARK CIR APT 58 LEESBURG FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WARD, MARGARET C.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 N. MILLS ST. LEESBURG FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ATLEY, PATRICIA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 SOUTH BOYLSTON ST. LEESBURG FL	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 1-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)