

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

5-1-96 B-5900-NC

DOCUMENT # 748897 (6)
1. Corporation Name
DUVAL ELDERLY HOUSING CORPORATION, INC.



Principal Place of Business
4595 LEXINGTON AVENUE JACKSONVILLE FL 32210 US

Mailing Address
4595 LEXINGTON AVENUE JACKSONVILLE FL 32210 US

3. Date Incorporated or Qualified **09/13/1979** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3026511** 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
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

9. Name and Address of Current Registered Agent
**MILNE, DOUGLAS J.
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	LEMME, DAVID E.	
STREET ADDRESS	1303 PULLEN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	DELETE <input type="checkbox"/>
NAME	MILNE, DOUGLAS J	
STREET ADDRESS	4595 LEXINGTON AVE #100	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	DELETE <input type="checkbox"/>
NAME	MILNE, DOUGLAS J.	
STREET ADDRESS	4595 LEXINGTON AVE #100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *DJ Milne* *DSMILNE* Date: *4/26/96* *904-387-5400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)