

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752491 (1)

1. Corporation Name

PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1051 2ND AVE N
ST PETERSBURG FL 337051051 2ND AVE N
ST PETERSBURG FL 33705-15633. Date Incorporated or Qualified
05/14/19803a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22

27

23

28

24

29

Country

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKAY, CLIFFORD A., JR.
1051 2ND AVENUE NORTH
ST. PETERBURG FL 33705

81 Name Thomas Ahrenholz

82 Street Address (P.O. Box Number is Not Acceptable)
1051 2nd Avenue North

83

84 City St. Petersburg

FL

85 Zip Code 33705

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

3/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME MILLER, LAURA
STREET ADDRESS 390 WASHINGTON CT
CITY - ST - ZIP FT. MYERS FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE DP
NAME ZABLE, ELIZABETH A
STREET ADDRESS 5620 HALFMOON LAKE RD
CITY - ST - ZIP TAMPA FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE VD
NAME EWALT, FLOYD
STREET ADDRESS 1528 SPRINGWOOD DRIVE
CITY - ST - ZIP SARASOTA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE TD
NAME ROLLESTONE, JIM
STREET ADDRESS 6315 BOW LINE BEND
CITY - ST - ZIP NEW PORT RICHEY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE VP D
NAME ALBERTS, HENK
STREET ADDRESS 10911 CARROLLWOOD DR.
CITY - ST - ZIP TAMPA FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ASD
NAME NEWMAN, PATRICIA D
STREET ADDRESS 2517 7TH ST., N.
CITY - ST - ZIP ST. PETERSBURG FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIPASD
Davies, Idris
2084 Massachusetts Ave. NE
St. Petersburg, FL 33703

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050092

Floyd W. Ewalt 3-20-97

813-894-0368

CR2E037 (9/96)