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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752491 (1) 1. Corporation Name PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLORIDA, INC.					
Principal Place of Business 1051 2ND AVE N ST PETERSBURG FL 33705		Mailing Address 1051 2ND AVE N ST PETERSBURG FL 33705			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country			
9. Name and Address of Current Registered Agent AHRENHOLZ, THOMAS 1051 2ND AVE. NORTH ST. PETERBURG FL 33705					
10. Name and Address of New Registered Agent 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 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 NAME STREET ADDRESS CITY-ST-ZIP S MILLER, LAURA 390 WASHINGTON CT FT. MYERS FL DP ZABLE, ELIZABETH A 5620 HALFMOON LAKE RD TAMPA FL VD EWALT, FLOYD 1528 SPRINGWOOD DRIVE SARASOTA FL T ROLLESTONE, JIM 6315 BOW LINE BEND NEW PORT RICHEY FL VP ALBERTS, HENK 10911 CARROLLWOOD DR. TAMPA FL ASD DAVIES, IDRIS 2084 MASSACHUSETTS AVE. N.E. ST. PETERSBURG FL					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I 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: <i>Elizabeth A. Zable</i> SIGNATURE REQUIRED 1/7/98 813-894-0368 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELIZABETH A. ZABLE					



CR2E037 (10/97)