


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90072 022 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752491</b>					
1. Corporation Name <b>PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLORIDA, INC.</b>					
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		3. Date Incorporated or Qualified 05/14/1980 4. FEI Number 59-2004109 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>AHRENHOLZ, THOMAS 1051 2ND AVE. NORTH ST. PETERBURG FL 33705</b>			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 <b>FL</b>		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE S NAME MILLER, LAURA STREET ADDRESS 390 WASHINGTON CT CITY-ST-ZIP FT. MYERS FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE DP NAME ZABLE, ELIZABETH A STREET ADDRESS 5620 HALFMOON LAKE RD CITY-ST-ZIP TAMPA FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD NAME EWALT, FLOYD STREET ADDRESS 1528 SPRINGWOOD DRIVE CITY-ST-ZIP SARASOTA FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE T NAME ROLLESTONE, JIM STREET ADDRESS 6315 BOW LINE BEND CITY-ST-ZIP NEW PORT RICHEY FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE VP NAME ALBERTS, HENK STREET ADDRESS 10911 CARROLLWOOD DR. CITY-ST-ZIP TAMPA FL			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ASD NAME DAVIES, IDRIS STREET ADDRESS 2084 MASSACHUSETTS AVE. N.E. CITY-ST-ZIP ST. PETERSBURG FL			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, with all other like empowered.

SIGNATURE: *[Signature]* **ELIZABETH A. ZABLE, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 727-894-0368

Date

Daytime Phone #

CR2E037 (11/98)