

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 769046 (4)
1. Corporation Name
AUGSBURG HOUSING, INC.

Principal Place of Business Mailing Address
3507 FRONTAGE ROAD SUITE 350 TAMPA FL 33607 US
3507 FRONTAGE ROAD SUITE 350 TAMPA FL 32607 US

2. Principal Place of Business 2a. Mailing Address
21 3507 FRONTAGE ROAD 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
City & State
23 Zip 28
Country 29 Country
24 25 29 30

700001435527
-03/21/95--01136--001
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1983 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2198911 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
EISSFELDT, RICHARD A.
3507 FRONTAGE ROAD
SUITE 350
TAMPA FL 33607

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
3507 FRONTAGE ROAD
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BERNTHAL, AUGUST
STREET ADDRESS	327 AVENUE 'C' S.E.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VC
NAME	DUDA, JUDY
STREET ADDRESS	1721 REBEL RUN
CITY-ST-ZIP	OVIEDO FL
TITLE	TD
NAME	SPARLING, JEFFREY
STREET ADDRESS	100 N. TAMPA STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL
TITLE	CEO
NAME	EISSFELDT, RICHARD A
STREET ADDRESS	3507 FRONTAGE ROAD, SUITE 350
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33880
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32765
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD SPARLING, JEFFERY
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33602
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33607
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 thereof and am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: _____ DATE: 2/21/95
3-17-95