


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10735** (1)
1. Corporation Name
ASSISTING COMMUNITIES TOWARD SELF-HELP, INC.



Principal Place of Business 505 N. ORLANDO AVE. COCOA BEACH FL 32931 US	Mailing Address 505 N. ORLANDO AVE. COCOA BEACH FL 32931-3168 US
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3. Date Incorporated or Qualified 08/16/1985	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21 402 High Point Dr Suite, Apt. #, etc.	2a. Mailing Address 26 402 High Point Dr Suite, Apt. #, etc.	4. FEI Number 59-2647607	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Cocoa, FL	27 City & State 28 Cocoa FL	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
24 Zip 32926	25 Country	29 Zip 32926	30 Country

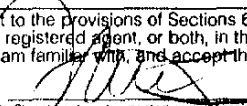
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEPLS, JAMES W III
505 N. ORLANDO AVE.
COCOA BEACH FL 32931**

81 Name Malcolm R. Kirschenbaum
82 Street Address (P.O. Box Number is Not Acceptable) 402 High Point Dr
83
84 City Cocoa
85 Zip Code FL 32926

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 if I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	KIRSCHENBAUM, MALCOLM R <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Beals, Robert L.	
STREET ADDRESS		1.3 STREET ADDRESS 402 High Point Drive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Cocoa, FL 32926	
TITLE STD	DIDOMENICO, PATRICK E <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	ERCOLANO, LORRAINE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **Patrick E. DiDomenico**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/27/97** Daytime Phone # **407/632-4986**

CR2E037 (9/96)