

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Sep 26 1997 8:00am  
Secretary of State

DOCUMENT # **N13984** (2)

1. Corporation Name

**ASLAN HOUSE, INC.**

Principal Place of Business

**225 E. DUVAL ST.  
FIRST UNITED METHODIST  
JACKSONVILLE FL 32201  
US**

Mailing Address

**P.O. BOX 52116  
JACKSONVILLE FL 32201  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/21/1986**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-2662845**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

**27**

Zip

**28**

Country

**30**

9. Name and Address of Current Registered Agent

**PAULA ANNE HINSON  
1626 GERALDINE DRIVE  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 *Paula A. Hinson*

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 **D** ☐ DELETE

NAME **HINSON, PAULA ANNE**  
STREET ADDRESS **1626 GERALDINE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **PD** ☐ DELETE

NAME **DAY, JOANNE REED**  
STREET ADDRESS **7077 BONNEVAL ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☐ DELETE

NAME **ALTERMAN, LEONARD**  
STREET ADDRESS **9116 CYPRESS GREEN DR.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE

NAME **JOHNSON GREG**  
STREET ADDRESS **7077 BONNEVAL ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ DELETE

NAME **DAVIS MARLEEN D. REV.**  
STREET ADDRESS **1544 CHELSEA PLACE**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 Required*

CR2E037 (4/97)