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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23978** (2)

1. Corporation Name

CENTERS HOUSING, INC.



Principal Place of Business	Mailing Address
2801 N. 17TH ST. % MARIA L. HEETER P.O. BOX 5746 TAMPA FL 33605-2622	2801 N. 17TH ST. % MARIA L. HEETER P.O. BOX 5746 TAMPA FL 33605-2622

*** LOUIS JONES**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 90 LOUIS JONES, POB 5746	26 Suite, Apt. #, etc. 90 LOUIS JONES, POB 5746
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
12/18/1987	NOT APPLICABLE	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
JONES, LOUIS 2801 N. 17TH ST TAMPA FL 33605	

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)
83	84 City
85 FL	86 Zip Code 33605

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	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, HARRIET G.	1.2 NAME	JAMES B. LOPER (P)
STREET ADDRESS	115 PHILLIPS DR.	1.3 STREET ADDRESS	704 W. BAY ST.
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	TAMPA, FL 33606-2706
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLERS, NORMAN T.	2.2 NAME	TIM BENNETT (V)
STREET ADDRESS	2801 N. 17TH STREET	2.3 STREET ADDRESS	9417 PRINCESS PALM AVE. #575
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DONALD J.	3.2 NAME	VINCENT HEAD (T)
STREET ADDRESS	P. O. BOX 6053 N/A	3.3 STREET ADDRESS	119 N. BURLINGAME AVE.
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WALTER W. NILES (S)
STREET ADDRESS		4.3 STREET ADDRESS	2004 E. BROAD ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33610
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 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:

LOUIS JONES

3/11/98

(93) 253.0577

CR2E037 (1097)