


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90078 044 ***150.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36205					
1. Corporation Name FRANCIS HOUSE, INC.					
Principal Place of Business 4703 N FLORIDA AVE. TAMPA FL 33603			Mailing Address 4703 N FLORIDA AVE. TAMPA FL 33603		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/22/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2999484	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOUGHERTY, ANNE 4703 N. FLORIDA AVE. TAMPA FL 33603				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				Tampa FL 33603			

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 X Lorraine M. Hromalik DATE 1-25-99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MISCHE, GENE			1.2 NAME	Marion B. Ridley		
STREET ADDRESS	3104 CHERRY PALM DR			1.3 STREET ADDRESS	801 S. Orleans Ave		
CITY-ST-ZIP	TAMPA FL 33619			1.4 CITY-ST-ZIP	Tampa, FL 33606		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, JANE			2.2 NAME	Belinda Womack		
STREET ADDRESS	5020 BAYSHORE BLVD #201			2.3 STREET ADDRESS	7101 Hazelwood Court		
CITY-ST-ZIP	TAMPA FL 33611			2.4 CITY-ST-ZIP	Tampa, FL 33615		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DWYER, DOROTHY			3.2 NAME	Sandra Boland		
STREET ADDRESS	14606 BRENTWOOD LN			3.3 STREET ADDRESS	3305 Harbor View Ave		
CITY-ST-ZIP	TAMPA FL 33618			3.4 CITY-ST-ZIP	Tampa, FL 33611		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HROMGUK, LORRAINE			4.2 NAME	Jackie Malowney		
STREET ADDRESS	16112 RAMBLING VINE DR E			4.3 STREET ADDRESS	5117 Branch Ave		
CITY-ST-ZIP	TAMPA FL 33624			4.4 CITY-ST-ZIP	Tampa, FL 33603		
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, with all other like empowered.

SIGNATURE: X Lorraine M. Hromalik DATE 1-25-99 813)237-3066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)