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May 08 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N42824** (5)

1. Corporation Name

**ASSISTED NON-PROFIT HOUSING, INC.**

Principal Place of Business

Mailing Address

**4610 CENTRAL AVE  
TAMPA FL 33603**

**4610 CENTRAL AVE  
TAMPA FL 33603-3904**

3. Date Incorporated or Qualified  
**04/04/1991**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 2911**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 **33601**

30

**USA**

4. FEI Number  
**59-3189150**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEFOUR, GEORGE A.  
4610 CENTRAL AVE  
TAMPA FL 33603**

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	SIGISMUND, STANLEY P	8006 GREENSHIRE DR	TAMPA FL	<input type="checkbox"/>
TD	REYNOLDS, JERRY	11723 PRIMROSE DR.	TEMPLE TERRACE FL	<input type="checkbox"/>
D	WASKO, ELEANOR	5326 A4 CHARLOTTE AVENUE	NEW PORT RICHEY FL	<input type="checkbox"/>
D	DRINKWATER, HERTHA	5412 B3 CHARLOTTE AVENUE	NEW PORT RICHEY FL	<input type="checkbox"/>
DS	COLLINS, CATHERINE M	5337 B2 CHARLOTTE AVE	NEW PORT RICHEY FL	<input type="checkbox"/>
D	COSTON, MADELINE	63387 POLLY DE	TARPON SPRINGS FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Madeline Coston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**813-884-1081**  
Daytime Phone # 0047088

CR2E037 (9/96)