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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42824** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**4610 CENTRAL AVE  
TAMPA FL 33603**

**P O BOX 2911  
TAMPA FL 33601  
US**



3. Date Incorporated or Qualified

**04/04/1991**

4. FEI Number

**59-3189150**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

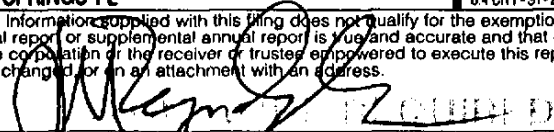
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	<b>SIGISMUND, STANLEY P</b>	1.2 NAME	
STREET ADDRESS	<b>8006 GREENSHIRE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	<b>REYNOLDS, JERRY</b>	2.2 NAME	
STREET ADDRESS	<b>11723 PRIMROSE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	<b>WASKO, ELEANOR</b>	3.2 NAME	
STREET ADDRESS	<b>5326 A4 CHARLOTTE AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	<b>DRINKWATER, HERTHA</b>	4.2 NAME	
STREET ADDRESS	<b>5412 B3 CHARLOTTE AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	<b>COLLINS, CATHERINE M</b>	5.2 NAME	
STREET ADDRESS	<b>5337 B2 CHARLOTTE AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	<b>COSTON, MADELINE</b>	6.2 NAME	
STREET ADDRESS	<b>63387 POLLY DE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPOON SPRINGS FL</b>	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 for an attachment with an address.

SIGNATURE:



3-30-98

CR2E037 (10/97)