04/30/2008 11:15 8138842882 PRECISION M

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May 07, 2008 8:00 am
Secretary of State
05-07-2008 90106 001 ****61.25

C Report Ann 08

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42824

4. Entity Name
ASSISTED NON-PROFIT HOUSING, INC.

400986S0

Principal Place of Business	Mailing Address
4610 CENTRAL AVE TAMPA, FL 33603	P O BOX 2911 TAMPA, FL 33601 US

04302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9805 Lella	PO Box 2911
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33615 Country: Hillsborough	Zip: 33601 Country: Hillsborough

4. FEI Number: 59-3189150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT L TENNANT 9805 LELLA TAMPA, FL 33615	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIGISMUND, STANLEY P 8006 GREENSHIRE DR TAMPA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REYNOLDS, JERRY 11723 PRIMROSE DR. TEMPLE TERRACE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WASKO, ELEANOR 5430 CHARLOTTE AVE NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLLINS, CATHERINE M 5412-104 CHARLOTTE AVE NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTON, MADELINE 63063 POLLY DRIVE TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor C Wasko 5/1/08 727-847-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #