

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001315 (9)**  
 1. Corporation Name  
**THE ATHENA HOUSE CORPORATION, INC.**



Principal Place of Business <b>735 W WASHINGTON ST. MONTICELLO FL 32344</b>	Mailing Address <b>735 W WASHINGTON ST. MONTICELLO FL 32344</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3304257</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
27		28		30	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**g. Name and Address of Current Registered Agent**

**BOYD, HINES**  
**735 W WASHINGTON ST.**  
**MONTICELLO FL 32344**

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GAVALAS, MIKE</b>	
STREET ADDRESS	<b>212 S. MONROE STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYD, HINES</b>	
STREET ADDRESS	<del>212 S. MONROE STREET</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32801</del>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CALHOUN, CHARLIE</b>	
STREET ADDRESS	<b>212 S. MONROE STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BULTER, JOHN</b>	
STREET ADDRESS	<b>655 E TENNESSEE RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BUFORD, JR, A.L.(JACK)</b>	
STREET ADDRESS	<b>7355 HEARTLAND CIR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>735 W. Washington St.</i>
2.4 CITY-ST-ZIP	<i>Monticello, FL 32344</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ **REQUIRE** *9/3/97*

CR2E037 (4/97)