


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003122 (7)**

1. Corporation Name

**ARLINGTON HOUSE ACLF, INC.**



Principal Place of Business <b>203 SOUTH MOODY ROAD PALATKA FL 32177</b>		Mailing Address <b>P O BOX 2611 PALATKA FL 32178 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country		
3. Date Incorporated or Qualified <b>06/29/1995</b>		4. FEI Number <b>59-3326525</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Trust Fund Contribution <input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HEBERT, BARBARA A 203 S MOODY RD PALATKA FL 32178</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number Is Not Acceptable)			
83			
84 City		85 Zip Code	
		<b>FL</b>	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, BETTY L</b>	1.2 NAME	
STREET ADDRESS	<b>203 SOUTH MOODY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>PD ST</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, PENNY J</b>	2.2 NAME	
STREET ADDRESS	<b>203 SOUTH MOODY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EUP, PEARL</b>	3.2 NAME	
STREET ADDRESS	<b>203 SOUTH MOODY ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	3.4 CITY-ST-ZIP	
TITLE	<del>PD VP</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEBERT, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>203 S MOODY RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	4.4 CITY-ST-ZIP	
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)(l), 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: **Barbara A. Hebert**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-98

Date

Daytime Phone # 0073163

CR2E037 (10/97)