

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000004255 (4)

1. Corporation Name

HOUSING BY SAINT LAURENCE, INC.



Principal Place of Business: 701 N FRANKLIN ST. SUITE 300 TAMPA FL 33602
Mailing Address: 701 N FRANKLIN ST. SUITE 300 TAMPA FL 33602

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number (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: BARRETT, CHARLES V III, 701 N FRANKLIN ST, SUITE 300, TAMPA FL 33602
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURRAY, POLAIRE		1.2 NAME	
STREET ADDRESS: 5225 N HIMES AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33614		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HIGGINS, LAURENCE E		2.2 NAME	
STREET ADDRESS: 5225 N HIMES AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33614		2.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARRETT, CHARLES V III		3.2 NAME	
STREET ADDRESS: 701 N FRANKLIN ST, SUITE 300		3.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33602		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] POLAIRE D MURRAY
Date: 4-25-96 Daytime Phone #: (813) 875-4040

CR2E037 (12/95)