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May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002221 (7)

1. Corporation Name

P.H.A.S.E. I TRANSITIONAL LIVING FACILITY, INC.



Principal Place of Business

Mailing Address

3425 SOUTH U.S. 1  
FORT PIERCE FL 349823425 SOUTH U.S. 1  
FORT PIERCE FL 34982-66133. Date Incorporated or Qualified  
04/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3425 South U.S. 1

26 3425 South U.S. 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 Fort Pierce, FL

28 Fort Pierce, US

Zip

Country

Zip

Country

24 34982

25 Saint Lucie

29 34982

30 Saint Lucie

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLAND, CURTIS  
3425 SOUTH U.S. 1  
FORT PIERCE FL 3498281 Name  
Curtis Poland  
82 Street Address (P.O. Box Number is Not Acceptable)  
3425 South U.S.  
83  
84 City  
Fort Pierce, FL 85 Zip Code  
34982

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 D  
NAME POLAND, CURTIS  
STREET ADDRESS 18640 SW 296TH ST  
CITY-ST-ZIP HOMESTEAD FL 330301.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME POLAND, GILBERT M  
STREET ADDRESS 18640 SW 296TH ST  
CITY-ST-ZIP HOMESTEAD FL 330302.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D  
NAME POLAND, NORMA  
STREET ADDRESS 18640 SW 296TH ST  
CITY-ST-ZIP HOMESTEAD FL 330303.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
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:

Curtis Poland

3-15-97

3-24-97

Date

Daytime Phone # 0071555

CR2E037 (9/96)