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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000002967 (5)

1. Corporation Name

HOUSING COUNSELING SERVICES, INC.



Principal Place of Business

Mailing Address

3432 NW 68TH ROAD
GAINESVILLE FL 32653

3432 NW 68TH ROAD
GAINESVILLE FL 32653-8819

3. Date Incorporated or Qualified
06/05/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 3432 NW 68th RD
22 Gainesville FL 32653

2a. Mailing Address

26 3432 NW 68th RD
27 Gainesville FL

4. FEI Number
59 3381762

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

23 City & State
Gainesville, FL

28 City & State
Gainesville FL

24 Zip 32653

25 Country USA

29 Zip 32653

30 Country USA

9. Name and Address of Current Registered Agent

MILTON, JONAS C
3432 NW 68TH ROAD
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name (NA) (SAME)

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

NA. SAME REGISTERED AGENT agent has not changed

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DELETED
NAME	PREIDENT RHONDA F. FORD
STREET ADDRESS	3432 NW 68th RD
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	DELETED
NAME	VICE President JONAS MILTON
STREET ADDRESS	3432 NW 68th RD
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	DELETED
NAME	Treasurer THERSEA R. RAMEY
STREET ADDRESS	510 COVENTRY RD APT 2D
CITY-ST-ZIP	DECATUR, GA 30030
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DELETED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PREIDENT RHONDA F. FORD	
1.3 STREET ADDRESS	3432 NW 68th RD	
1.4 CITY-ST-ZIP	GAINESVILLE FLORIDA 32653	
2.1 TITLE	DELETED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT JONAS MILTON	
2.3 STREET ADDRESS	3432 NW 68th RD	
2.4 CITY-ST-ZIP	GAINESVILLE FLORIDA 32653	
3.1 TITLE	DELETED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER THERSEA R. RAMEY	
3.3 STREET ADDRESS	510 LOVENTY RD APT. 2D	
3.4 CITY-ST-ZIP	DECATUR, GA 30030	
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:

Jonas C. Milton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011896

January 3, 1997

CR2E037 (9/96)