

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

99 JAN 14 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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
20 WEST UNIVERSITY AVENUE SUITE 205 GAINESVILLE FL 32601

2. Principal Place of Business 2a. Mailing Address
21 3002 NE 13TH ST 26 3002 NE 13TH ST
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Gainesville FL 28 GAINESVILLE FL
24 32653 25 Country 29 32653 30 Country

3. Date Incorporated or Qualified 06/05/1996
4. FEI Number 59-3381762
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 JONAS C. MILTON
82 Street Address (P.O. Box Number is Not Acceptable) 3002 NE 13TH ST
83 Jonas C. Milton
84 Gainesville FL FL 85 Zip Code 32609

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 JONAS C. MILTON DATE 11/4/99

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILTON, JONAS	
STREET ADDRESS	3432 NW 68TH RD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RAMEY, THERSEA R	
STREET ADDRESS	510 COVENTRY RD APT 2D	
CITY-ST-ZIP	DECATUR GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JONAS C. MILTON (DIRECTOR)	
1.3 STREET ADDRESS	3002 NE 13TH ST	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32609-3163	
2.1 TITLE	Vice President (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ingrid I. Milton	
2.3 STREET ADDRESS	3002 NE 13TH ST	
2.4 CITY-ST-ZIP	Gainesville FL 32609-3263	
3.1 TITLE	Vice President (Trustee)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bradley L. Johnson	
3.3 STREET ADDRESS	205 SW 75th, #11E	
3.4 CITY-ST-ZIP	Gainesville FL 32607	
4.1 TITLE	LAURA SHEETS (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3002 NE 13TH ST	
4.4 CITY-ST-ZIP	Gainesville FL 32609	
5.1 TITLE	BILL WARRIERS (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	20 WEST UNIV. AVE	
5.4 CITY-ST-ZIP	Suite 301 GAINESVILLE FL 32601	
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 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, President, D Date: Aug 24 98 3323171
Daytime Phone # (352) 22-1100



STATEMENT 98-99

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CR2E037 (5/98)