


FILE NOW: FILING FEE IS \$61.25

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**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001017 (9)
1. Corporation Name
HOUSING BY ST. LAURENCE, INC.



Principal Place of Business 5225 NORTH HIMES AVENUE TAMPA FL 33614	Mailing Address 5225 NORTH HIMES AVENUE TAMPA FL 33614
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3. Date Incorporated or Qualified 02/24/1997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3440342		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1717 E. FOWLER AVE	2a. Mailing Address 26 1717 E. FOWLER AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA, FL
Zip 24 33612	Country 25 US
Zip 29 33612	Country 30 US

9. Name and Address of Current Registered Agent
**COUCH, THEODORE J SR
1717 E. FOWLER AVENUE
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME COUCH, THEODORE J SR	
STREET ADDRESS 1717 E. FOWLER AVE.	
CITY-ST-ZIP TAMPA FL 33612	
TITLE D	<input type="checkbox"/> DELETE
NAME CAPITANO, JOSEPHINE	
STREET ADDRESS 2004 DURHAM	
CITY-ST-ZIP TAMPA FL 33612	
TITLE D	<input type="checkbox"/> DELETE
NAME HIGGINS, LAURENCE REV.	
STREET ADDRESS 5225 NORTH HIMES AVENUE	
CITY-ST-ZIP TAMPA FL 33614	
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-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE VICE PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME CRAIG CROWDER	
4.3 STREET ADDRESS 1717 E. FOWLER AVE	
4.4 CITY-ST-ZIP TAMPA, FL, 33612	
5.1 TITLE SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME POLAIRE D. MURRAY	
5.3 STREET ADDRESS 5225 N. HIMES AV	
5.4 CITY-ST-ZIP TAMPA, FL 33614	
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: *Robert Murray* **4/23/98 (813) 875-4040**

CR2E037 (10/97)