

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION:
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 4: 17

DOCUMENT # N09254 (6)

1. Corporation Name:

PALM COAST ELDERLY HOUSING, INC.

Principal Place of Business

Mailing Address

125 CLAIREMONT AVE. STE 505
DECATUR GA 30030
US

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DECATUR GA 30030
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1985** 3a. Date of Last Report **02/07/1994**

4. FEI Number **58-1623161** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, ALICIA M
141 NE 3RD AVE., STE. 601
MIAMI FL 33132

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	GLENN, JOSEPH F.
STREET ADDRESS	125 CLAIREMONT AVE, STE 505
CITY- ST- ZIP	DECATUR GA
TITLE	DST
NAME	GLENN, ELIZABETH C.
STREET ADDRESS	125 CLAIREMONT AVE, STE 505
CITY- ST- ZIP	DECATUR GA
TITLE	DV
NAME	REINHART, ROBERT L.
STREET ADDRESS	125 CLAIREMONT AVE, STE 505
CITY- ST- ZIP	DECATUR GA
TITLE	D
NAME	FLATT, STEPHEN F
STREET ADDRESS	125 CLAIREMONT AVE, STE 505
CITY- ST- ZIP	DECATUR GA
TITLE	D
NAME	COLLINS, WILLARD
STREET ADDRESS	125 CLAIREMONT AVE, STE 505
CITY- ST- ZIP	DECATUR GA
TITLE	D
NAME	REAGAN, LARRY G
STREET ADDRESS	125 CLAIREMONTE AVE, STE 505
CITY- ST- ZIP	DECATUR GA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

Joseph F. Glenn

Joseph F. Glenn, President 2/24/95 (404) 370-0262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #