

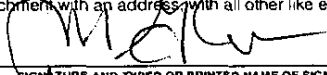


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90064 018 ****61.25

DOCUMENT # N09254					
1. Entity Name PALM COAST ELDERLY HOUSING, INC.					
Principal Place of Business 3447 GREYSTONE CIR ATLANTA, GA 30341 US			Mailing Address PO BOX 450049 ATLANTA, GA 31145 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1623161	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORALES, ALICIA M 141 NE 3RD AVE., STE. 601 MIAMI, FL 33132			Name HAROLD A GRIFFITH		
			Street Address (P.O. Box Number is Not Acceptable)		
			1441 WEST 62ND ST		
			City MIAMI		Zip Code 33012
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: HAROLD A. GRIFFITH				1/4/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLENN, JOSEPH F.	NAME			
STREET ADDRESS	3447 GREYSTONE CIR	STREET ADDRESS			
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLENN, ELIZABETH C.	NAME			
STREET ADDRESS	3447 GREYSTONE CCIR	STREET ADDRESS			
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REINHART, ROBERT L.	NAME			
STREET ADDRESS	3447 GREYSTONE CIR	STREET ADDRESS			
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, WILLARD	NAME			
STREET ADDRESS	3447 GREYSTONE CIR	STREET ADDRESS			
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REAGAN, LARRY G	NAME			
STREET ADDRESS	3447 GREYSTONE CIR	STREET ADDRESS			
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		JOSEPH F. GLENN		1-4-04 770-496-0588	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRES		Date Daytime Phone #	