


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09254**  
 1. Entity Name  
**PALM COAST ELDERLY HOUSING, INC.**



Principal Place of Business... Mailing Address  
**3447 GREYSTONE CIR ATLANTA, GA 30341 US**      **PO BOX 450049 ATLANTA, GA 31145 US**



01252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **58-1623161** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GRIFFITH, HAROLD A**  
**1441 WEST 62ND ST**  
**HIALEAH, FL 33012**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when selecting)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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


UN0000263735  
 03/14/05-80109-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLENN, JOSEPH F. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLENN, ELIZABETH C. 3447 GREYSTONE CCR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REINHART, ROBERT L. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WILLARD 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAGAN, LARRY G 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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**      1/31/05      770-496-0598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #