


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 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 **PO BOX 450049**
ATLANTA, GA 30341 US **ATLANTA, GA 31145 US**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

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 oath, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Print name, type or print name of signatory and title of signatory) (Print name of registered agent or trustee, if applicable, and date when so designated) Date

Filing Fee is \$61.25
Due by May 1, 2006

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

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 CIR 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	

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 03/01/06-80030-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**  1-23-06 770 496-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date