

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09254

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** PALM COAST ELDERLY HOUSING, INC.

**Current Principal Place of Business:**

3447 GREYSTONE CIR  
ATLANTA, GA 30341 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450049  
ATLANTA, GA 31145 US

**New Mailing Address:**

FEI Number: 58-1623161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFITH, HAROLD A  
1441 WEST 62ND ST  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GLENN, JOSEPH F.  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

Title: DST  
Name: GLENN, ELIZABETH C.  
Address: 3447 GREYSTONE CCIR  
City-St-Zip: ATLANTA, GA

Title: DV  
Name: REINHART, ROBERT L.  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH F. GLENN

PRES

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date