

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09254** (6)

1. Corporation Name
PALM COAST ELDERLY HOUSING, INC.



Principal Place of Business: 125 CLAIREMONT AVE. STE 505, DECATUR GA 30030, US
Mailing Address: 125 CLAIREMONT AVE. STE 505, DECATUR GA 30030, US

3. Date Incorporated or Qualified: 05/13/1985
3a. Date of Last Report: 02/28/1995
4. FEI Number: 58-1623161
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
MORALES, ALICIA M
141 NE 3RD AVE., STE. 601
MIAMI FL 33132

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signat are required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(k), 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; 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 12 or Block 13 of this form, or on an attachment with an address.

SIGNATURE: Joseph F. Glenn Joseph F. Glenn, President 2-22-96 404=370-0262

CR2E037 (12/95)