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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
125 CLAIREMONT AVE. STE 505
DECATUR GA 30030 US

3. Date Incorporated or Qualified 05/13/1985
3a. Date of Last Report 02/27/1996

21	22	23	24	25	26	27	28	29	30	31	32
Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		5. Certificate of Status Desired		3a. Date of Last Report	
3447 Greystone Cir		P. O. Box 450049		58-1623161		Not Applicable		<input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Atlanta, GA		Atlanta, GA									
Zip		Country		Zip		Country					
30341		DeKalb		31145		DeKalb					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORALES, ALICIA M 141 NE 3RD AVE., STE. 601 MIAMI FL 33132				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 office 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GLENN, JOSEPH F.	1.1 TITLE	X <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 CLAIREMONT AVE, STE 505 DECATUR GA	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	3447 Greystone Cir
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Atlanta, GA 30341
TITLE	DST GLENN, ELIZABETH C.	2.1 TITLE	X <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 CLAIREMONT AVE, STE 505 DECATUR GA	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	3447 Greystone Cir
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Atlanta, GA 30341
TITLE	DV REINHART, ROBERT L.	3.1 TITLE	X <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 CLAIREMONT AVE, STE 505 DECATUR GA	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	3447 Greystone Cir
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30341
TITLE	D FLATT, STEPHEN F	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 CLAIREMONT AVE, STE 505 DECATUR GA	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COLLINS, WILLARD	5.1 TITLE	X <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 CLAIREMONT AVE, STE 505 DECATUR GA	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	3447 Greystone Cir
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA 30341
TITLE	D REAGAN, LARRY G	6.1 TITLE	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 CLAIREMONTE AVE, STE 505 DECATUR GA	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	3447 Greystone Cir
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30341

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ REQUIRED Joseph F. Glenn 2/4/97 (770) 496-0598

CR2E037 (9/96)