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FILED
Feb 15, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-15-1999 90039 031 *****61.25

DOCUMENT # N09254

1. Corporation Name

PALM COAST ELDERLY HOUSING, INC.

Principal Place of Business

3447 GREYSTONE CIR
ATLANTA GA 30341
US

Mailing Address

PO BOX 450049
ATLANTA GA 31145
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/13/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-1623161

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME GLENN, JOSEPH F.
STREET ADDRESS 3447 GREYSTONE CIR
CITY-ST-ZIP ATLANTA GA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DST DELETE
NAME GLENN, ELIZABETH C.
STREET ADDRESS 3447 GREYSTONE CCIR
CITY-ST-ZIP ATLANTA GA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV DELETE
NAME REINHART, ROBERT L.
STREET ADDRESS 3447 GREYSTONE CIR
CITY-ST-ZIP ATLANTA GA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME COLLINS, WILLARD
STREET ADDRESS 3447 GREYSTONE CIR
CITY-ST-ZIP ATLANTA GA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME REAGAN, LARRY G
STREET ADDRESS 3447 GREYSTONE CIR
CITY-ST-ZIP ATLANTA GA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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. Attach an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JOSEPH F. GLENN

1-22-99

770 4960598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)