

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90028 048 \*\*\*\*61.25

<b>DOCUMENT # 757880</b> 1. Entity Name <b>PALATKA RETIREMENT VILLAS, INC.</b>					
Principal Place of Business <b>PROVIDENCE CENTER 134 E. CHURCH ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>ALMA C. BALLARD 134 E. CHURCH ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2147710</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAUT, VINCENT J. 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WILSON, LORRAINE</b> <b>110 MYRTLE WOOD POINT RD.</b> <b>EAST PALATKA, FL 32131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Wilson, Lorraine</b> <b>110 Myrtle Wood Point Rd</b> <b>East Palatka FL 32131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MILLER, JOYCE</b> <b>PO BOX 520</b> <b>BOSTWICK, FL 32007</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WATERS, CARMEN</b> <b>1707 S PALM AVE</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FAUNCE, BARBARA</b> <b>150 RIVER DRIVE</b> <b>EAST PALATKA, FL 32131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Faunce, Barbara</b> <b>150 River Drive</b> <b>East Palatka FL 32131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GINN, LOU</b> <b>421 ST JOHNS AVE</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FINLAY, JOSEPH REV</b> <b>114 S 4TH STREET</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b> <u>Alma C. Ballard</u>			3-12-04		904-632-1255
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

# Attachment

Attachment to 2004 Uniform Business Report (UBR)  
Document #757880  
Palatka Retirement Villas, Inc.

S/T  
Ballard, Alma C.  
134 E Church Street  
Jacksonville FL 32202

D  
Tierney, William J.  
P.O. Box 24000  
Jacksonville FL 32241-4000

D  
Waters, B. F.  
1707 S Palm Avenue  
Palatka FL 32177

D  
Henley, John  
P.O. Box 374  
Bostwick FL 32007

V  
John Henley  
P. O. Box 374  
Bostwick FL 32007

CHANGE

D  
Henley, June  
P.O. Box 374  
Bostwick FL 32007

D  
Brown, Mary Lawson  
107 South 9<sup>th</sup> Street  
Palatka FL 32177