

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757880

FILED
Feb 13, 2012
Secretary of State

Entity Name: PALATKA RETIREMENT VILLAS, INC.

Current Principal Place of Business:

PROVIDENCE CENTER
134 E. CHURCH ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ALMA C. BALLARD
134 E. CHURCH ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2147710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUT, VINCENT J.
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32217 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: P
Name: MILLER, JOYCE
Address: P.O. BOX 520
City-St-Zip: BOSTWICK, FL 32007

Title: VP
Name: LAIBL, ELIZABETH
Address: 3226 BLAIR DRIVE
City-St-Zip: PALATKA, FL 32177

Title: ST
Name: BALLARD, ALMA C
Address: 134 EAST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: HICKEY, LAURA
Address: 134 EAST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: DAVID, CRIS
Address: 110 MYRTLE WOOD POINT ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: D
Name: WILSON, LORRIANE
Address: 1291 HWY 19 SOUTH
City-St-Zip: PALATKA, FL 32177

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: ALMA C BALLARD

S/T

02/13/2012

Electronic Signature of Signing Officer or Director

Date