


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90165 030 \*\*\*\*61.25

**DOCUMENT # 757880**

1. Entity Name  
**PALATKA RETIREMENT VILLAS, INC.**



Principal Place of Business  
**PROVIDENCE CENTER  
134 E. CHURCH ST.  
JACKSONVILLE FL 32202**

Mailing Address  
**ALMA C. BALLARD  
134 E. CHURCH ST.  
JACKSONVILLE FL 32202**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2147710**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAUT, VINCENT J.  
11625 OLD ST. AUGUSTINE RD.  
JACKSONVILLE FL 32217**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, LORRAINE</b>	
STREET ADDRESS	<b>1291 HWY 19 SOUTH</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, JOYCE</b>	
STREET ADDRESS	<b>PO BOX 520</b>	
CITY-ST-ZIP	<b>BOSTWICK FL 32007</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, CARMEN</b>	
STREET ADDRESS	<b>1707 S PALM AVE</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FAUNCE, BARBARA</b>	
STREET ADDRESS	<b>150 RIVER DRIVE</b>	
CITY-ST-ZIP	<b>EAST PALATKA FL 32131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GINN, LOU</b>	
STREET ADDRESS	<b>421 ST JOHNS AVE</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FINLAY, JOSEPH REV.</b>	
STREET ADDRESS	<b>134 E CHURCH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David, Cris</b>	
STREET ADDRESS	<b>110 Myrtle Wood Point Road</b>	
CITY-ST-ZIP	<b>East Palatka FL 32131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Finlay, Rev. Joseph</b>	
STREET ADDRESS	<b>114 S 4th Street</b>	
CITY-ST-ZIP	<b>Palatka FL 32177</b>	

12. I 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 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.

SIGNATURE: Alma C Ballard

4-4-03

904-632-1255

CR2E037 (10/02)

*Attachment*

80072121  
76-7880

Attachment to 2002 Uniform Business Report (UBR)  
Document #757880  
Palatka Retirement Villas, Inc:

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

D  
Finlay, Rev. Joseph (reported this information on UBR 2002.  
114 South Fourth Street UBR for 2003 lists Rev. Finlay incorrectly)  
Palatka FL 32177

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

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

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