

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757880

Entity Name: PALATKA RETIREMENT VILLAS, INC.**Current Principal Place of Business:**PROVIDENCE CENTER
134 E. CHURCH ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**ALMA C. BALLARD
134 E. CHURCH ST.
JACKSONVILLE, FL 32202**FEI Number:** 59-2147710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAUT, VINCENT J.
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32217 US*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

Officer/Director Detail :

Title	DIRECTOR
Name	LAWSON BROWN, MARY
Address	107 SOUTH 9TH STREET
City-State-Zip:	PALATKA FL 32177
Title	ST
Name	BALLARD, ALMA C
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202
Title	VP
Name	BROWN, JOHNNY M
Address	107 SOUTH 9TH STREET
City-State-Zip:	PALATKA FL 32177
Title	DIRECTOR
Name	CAROL, BURRIDGE
Address	PO BOX 2368
City-State-Zip:	INTERLACHEN FL 32148

Title	PRESIDENT
Name	BRANTLEY, TERRI
Address	PO BOX 380163
City-State-Zip:	GRANDIN FL 32138
Title	D
Name	HICKEY, LAURA
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR
Name	BURRIDGE, HARRY
Address	PO BOX 2368
City-State-Zip:	INTERLACHEN FL 32148
Title	DIRECTOR
Name	MILLER, JOYCE
Address	P.O. BOX 520
City-State-Zip:	BOSTWICK FL 32007

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**SECRETARY/TREASURE** 02/24/2016
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Electronic Signature of Signing Officer/Director Detail

Date