

**2017 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 VP  
Name BRANTLEY, TERRI  
Address PO BOX 380163  
City-State-Zip: GRANDIN FL 32138

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

Title DIRECTOR  
Name HASSELL, ANITA  
Address 134 EAST CHURCH STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name BROWN, JOHNNY M  
Address 107 SOUTH 9TH STREET  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name BURRIDGE, HARRY  
Address PO BOX 2368  
City-State-Zip: INTERLACHEN FL 32148

Title PRESIDENT  
Name BURRIDGE, CAROL  
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

Title DIRECTOR  
Name STONE, CAROL  
Address CATHOLIC CHARITIES OFFICE  
1000 HUSSON AVENUE  
City-State-Zip: PALATKA FL 32177

**Continues on page 2**

*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**EXECUTIVE DIRECTOR****02/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHULTZ, SHARYN  
Address 129 TROUPE ROAD  
City-State-Zip: SAN MATEO FL 32187

Title DIRECTOR  
Name CLAY, WILHELMINA  
Address 1071 N. COUNTY ROAD 315  
City-State-Zip: MELROSE FL 32666

Title DIRECTOR  
Name CLAY, JOHN  
Address 1071 N. COUNTY ROAD 315  
City-State-Zip: MELROSE FL 32666