## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#757880** 

FILED Mar 09, 2011 Secretary of State

Entity Name: PALATKA RETIREMENT VILLAS, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2147710 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New 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

## **OFFICERS AND DIRECTORS:**

Title:

 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:

Name: BEITZ, WILLIAM

Address: 134 EAST CHURCH STREET City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: DAVID, CRIS

Address: 110 MYRTLE WOOD POINT ROAD

City-St-Zip: EAST PALATKA, FL 32131

Title: [

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 ST 03/09/2011