

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90724 015 ****70.00

DOCUMENT # F03000002244

1. Entity Name

THE B.J. PALMER HISTORIC HOME FOUNDATION, INC.



Principal Place of Business

3635 VELMA DRIVE
POWDER SPRINGS GA 30127

Mailing Address

3635 VELMA DRIVE
POWDER SPRINGS GA 30127

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1950 Old Concord Rd SE

Suite, Apt. #, etc.

City & State

City & State

Smyrna

GA

Zip

Country

Zip

Country

30080

USA

4. FEI Number

04-3681370

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTH, DIANE
1144 MORNINGSIDE PLACE
SARASOTA FL 34236

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 Diane Barth

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 ☐ Delete
NAME PC
STREET ADDRESS WILLIAMS, SID E DR
CITY-ST-ZIP 3635 VELMA DRIVE
POWDER SPRINGS GA 30127

TITLE ☐ Delete
NAME VPVC
STREET ADDRESS WILLIAMS, NELL K DR
CITY-ST-ZIP 3635 VELMA DRIVE
POWDER SPRINGS GA 30127

TITLE ☐ Delete
NAME STD
STREET ADDRESS WILLIAMS, KIM DR
CITY-ST-ZIP 3633 VELMA DRIVE
POWDER SPRINGS GA 30127

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, JOHN SYDNEY DR
CITY-ST-ZIP 1415 BARCLAY CIRCLE, SUITES D AND E
MARIETTA GA 30060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Williams, John Sidney Dr.
CITY-ST-ZIP 1950 Old Concord Rd. SE
Smyrna, GA 30080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04

Date

770-438-9577

Daytime Phone #