

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004180

FILED
Mar 19, 2004
Secretary of State**Entity Name:** SENIOR HOUSING SERVICES, INC.**Current Principal Place of Business:**300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US**New Principal Place of Business:**2893 COWART ROAD
DAWSONVILLE, GA 30534 US**Current Mailing Address:**300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US**New Mailing Address:****FEI Number:** 58-2557553 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPARKS, JAMES
2503 CHESTERFIELD DR.
FT. PIERCE, FL 34982 US**Name and Address of New Registered Agent:**PAWLOWSKI, GLEN J
300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 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: GLEN J PAWLOWSKI

03/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: HOWARD, CHARLES S
Address: 2893 COWART ROAD
City-St-Zip: DAWSONVILLE, GA 30534 US**Title:** D () Delete
Name: NIXON, CHARLES R
Address: 84 LAZY WATER DRIVE
City-St-Zip: EUHARLEE, GA 30120 US**Title:** D () Delete
Name: SICKERT, JAYME S
Address: 950 LANDOVER CROSSING
City-St-Zip: SUWANEE, GA 30024 US**Title:** SD (X) Delete
Name: UNDERWOOD, JOHN K JR
Address: 2830 LEAF LAND DR
City-St-Zip: DULUTH, GA 30097 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: HOWARD, PATRICIA S
Address: 2893 COWART RD.
City-St-Zip: DAWSONVILLE, GA 30534 US**Title:** D (X) Change () Addition
Name: WALLER, LAMAR
Address: 8133 FM 1553
City-St-Zip: LEONARD, TX 75452 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES S. HOWARD

P

03/19/2004

Electronic Signature of Signing Officer or Director

Date