

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008331

FILED
Apr 24, 2009
Secretary of State

Entity Name: ELDERLY HOUSING MANAGEMENT CORPORATION

Current Principal Place of Business:

115 THIRD STREET SOUTH
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

115 THIRD STREET SOUTH
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 59-3758096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONALD, SUSAN C ESQ
1301 RIVERPLACE BLVD SUITE 1500
JACISONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: LINGER, DAVID M
Address: 1817 HOPKINS CREEK LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T () Delete
Name: MCILVAIN, WILLIAM C JR
Address: 169 SUMMERFIELD DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: DOUGLAS, MAXWELL
Address: 3930 DUVAL DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD () Delete
Name: JARDINE, NED
Address: 2051 DUNA VISTA COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: MANTZ, THOMAS
Address: 105 MAGNOLIA HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARTLESON, PATRICIA
Address: 381 4TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Change (X) Addition
Name: LICKFELD, DELINA SUE
Address: 13411 CURRITUCK DRIVE, WEST
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MELISSA T. GILREATH

ED

04/24/2009

Electronic Signature of Signing Officer or Director

Date