


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90553 026 ****61.25

DOCUMENT # N01000008331

1. Entity Name
ELDERLY HOUSING MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
**115 THIRD STREET SOUTH
JACKSONVILLE FL 32250** **115 THIRD STREET SOUTH
JACKSONVILLE FL 32250**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3758096** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)*

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKS, WARREN M	NAME	David M. Linger
STREET ADDRESS	13531 LAS BRISAS WAY	STREET ADDRESS	1817 Hopkins Creek Lane
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, MARVIN T	NAME	
STREET ADDRESS	2335 L'ATRIUM CIRCLE N	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, PAUL M.D.	NAME	Cindy L. Anderson
STREET ADDRESS	1615 SEABREEZE AVENUE	STREET ADDRESS	1770 E. Park Terrace
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	<input type="checkbox"/> Delete	TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Ned Jardine'
STREET ADDRESS		STREET ADDRESS	2051 Duna Vista Court
CITY-ST-ZIP		CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael Hillegass
STREET ADDRESS		STREET ADDRESS	1707 Strand Street
CITY-ST-ZIP		CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **RECORDED** **LINGER** 1-15-2003 904 241-5858

CR2E037 (10/02)