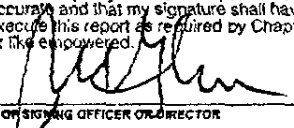


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N05155		
1. Entity Name SOUTH ATLANTIC HOUSING OF BREVARD, INC.		
Principal Place of Business 3447 GREYSTONE CIR ATLANTA, FL 30341 US		Mailing Address PO BOX 450049 ATLANTA, GA 31145 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRIFFITH, HAROLD 1441 WEST 62ND STREET HIALEAH, FL 33012		DO NOT WRITE IN THIS SPACE
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 _____ Signature typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLENN, JOSEPH F. 3447 GREYSTONE CIR ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GLENN, ELIZABETH C. 3447 GREYSTONE CIR ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OV REINHART, ROBERT L. 3447 GREYSTONE CIR ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>JOSEPH F. GLENN</u>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01042006 No Chg-NP CR2E037 (11/05)

4. FCI Number 59-2455812	Applied For (Not Applicable)
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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03/18/06-80065-010 61.25

**DO NOT WRITE
IN THIS SPACE**

1-23-06 (770) 496-0599
DATE OFFICIAL USE