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	Mailing Address
3447 GREYSTONE CCIR ATLANTA, FL 30341 US	PO BOX 450049 ATLANTA, GA 31145 US

DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2455812
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFITH, HAROLD
1441 WEST 62ND STREET
HIALEAH, FL 33012

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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, type or print name of agent. (Agent Must Do 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	PD
NAME	GLENN, JOSEPH F.
STREET ADDRESS	3447 GREYSTONE CIRCR
CITY-ST-ZIP	ATLANTA, GA
TITLE	DST
NAME	GLENN, ELIZABETH C.
STREET ADDRESS	3447 GREYTONE CIR
CITY-ST-ZIP	ATLANTA, GA
TITLE	OV
NAME	REINHART, ROBERT L.
STREET ADDRESS	3447 GREYSTONE CIR
CITY-ST-ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/06-80085-010 61.25

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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: JOSEPH F. GLENN 1-23-06 (770)496-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number