

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N09254	
1. Entity Name PALM COAST ELDERLY HOUSING, INC.	
Principal Place of Business .. 3447 GREYSTONE CIR ATLANTA, GA 30341 US	Mailing Address PO BOX 450049 ATLANTA, GA 31145 US



DO NOT WRITE IN THIS SPACE

01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1623161	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFITH, HAROLD A 1441 WEST 62ND ST HIALEAH, FL 33012	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000263735
03/14/05-80109-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP 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	DV REINHART, ROBERT L. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COLLINS, WILLARD 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REAGAN, LARRY G 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05
Date

770-496-0598
David McPherson