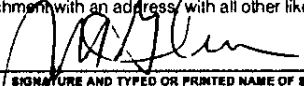


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2007 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		
6. Name and Address of Current Registered Agent GRIFFITH, HAROLD A 1441 WEST 62ND ST 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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE		
Filing Fee is \$61.25 Due by May 1, 2007		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	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		
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:  Pres. Joseph F. Glenn 1/10/07 770-496-0593 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01162007 No Chg-NP CR2E037 (4/06)

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

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02/14/07-80069-007 61.25

**DO NOT WRITE
IN THIS SPACE**