


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

|  |   |
|--|---|
| <b>DOCUMENT # N37410</b><br>1. Entity Name<br><b>DAYTONA BEACH ELDERLY HOUSING, INC.</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>3447 GREYSTONE CIR<br/>ATLANTA, GA 30341 US</b> | Mailing Address<br><b>PO BOX 450049<br/>ATLANTA, GA 31145 US</b> |
|---|--|

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01042006 No Chg-NP CR2E037 (11/05)

|   |  |
|---|--|
| 4. FCI Number<br><b>58-1894619</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**8. Name and Address of Current Registered Agent**

**GRIFFITH, HAROLD  
1441 WEST 62ND ST  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

9. 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 title (if applicable)

(NOTE: Registered Agent signature not required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>GLENN, JOSEPH F.<br>3447 GREYSTONE CIR<br>ATLANTA, GA          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | DST<br>GLENN, ELIZABETH C.<br>3447 GREYSTONE CIR.<br>ATLANTA, GA    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | DVA<br>REINHART, ROBERT L.<br>1910 WINDHAM PARK N.E.<br>ATLANTA, GA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |

100000447643  
03/18/06-80085-011 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-06**  
Date

**770 496-0598**  
Telephone Number