


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N37410	
1. Entity Name DAYTONA BEACH ELDERLY HOUSING, INC.	

Principal Place of Business 3447 GREYSTONE CIR ATLANTA, GA 30341 US	Mailing Address PO BOX 450049 ATLANTA, GA 31145 US
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01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent GRIFFITH, HAROLD 1441 WEST 62ND ST HIALEAH, FL 33012
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**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 if applicable.

(NOTE: Registered Agent signature required when renouncing)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
02/02/07-80106-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 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	DVA REINHART, ROBERT L. 1910 WINDHAM PARK N.E. ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 Pres. Joseph F. Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

770-496-0598
Daytime Phone