

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001938 (6)
 1. Corporation Name
EVANGELINE BOOTH RESIDENCE, INC.



Principal Place of Business 1424 NE EXPRESSWAY ATLANTA GA 30329		Mailing Address 1424 NE EXPRESSWAY ATLANTA GA 30329		3. Date Incorporated or Qualified 04/07/1997	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3437427	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FAULKNER, DONALD 3101 LAKE ELLEN LN. TAMPA FL 33618				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				84 City	
		85 Zip Code		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARWOOD, TED	1.2 NAME	
STREET ADDRESS	5357 HARBINS COVE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LILBURN GA 30247	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JOSEPH R	2.2 NAME	
STREET ADDRESS	958 ABINGDON CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STONE MOUNTAIN GA 30083	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATCHER, HOWARD L	3.2 NAME	
STREET ADDRESS	15318 WINDING CREEK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, DONALD	4.2 NAME	
STREET ADDRESS	16628 VALLEY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIZER, DORIS M	5.2 NAME	
STREET ADDRESS	1633 LENOX RD., NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30306	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, KENNETH	6.2 NAME	John Busby
STREET ADDRESS	2260 DOGWOOD LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30345	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** **2-10-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4077206

CR2E037 (10/97)