


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90173 009 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N97000001938**

1. Corporation Name  
**EVANGELINE BOOTH RESIDENCE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1424 NE EXPRESSWAY<br>ATLANTA GA 30329 | Mailing Address<br>1424 NE EXPRESSWAY<br>ATLANTA GA 30329 |
|---|---|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/07/1997  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3437427  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
| Country<br>29                        | Zip<br>30                 | Trust Fund Contribution <input type="checkbox"/>   |

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)  
 83  
 84 City **FL** 85 Zip Code

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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>ARWOOD, TED</b>             |                                 |
| STREET ADDRESS | <b>5357 HARBINS COVE CT.</b>   |                                 |
| CITY-ST-ZIP    | <b>LILBURN GA 30247</b>        |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>BENNETT, JOSEPH R</b>       |                                 |
| STREET ADDRESS | <b>958 ABINGDON CT.</b>        |                                 |
| CITY-ST-ZIP    | <b>STONE MOUNTAIN GA 30083</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>BRATCHER, HOWARD L</b>      |                                 |
| STREET ADDRESS | <b>15318 WINDING CREEK DR.</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33613</b>          |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>FAULKNER, DONALD</b>        |                                 |
| STREET ADDRESS | <b>16628 VALLEY DR.</b>        |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33618</b>          |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>FIZER, DORIS M</b>          |                                 |
| STREET ADDRESS | <b>1633 LENOX RD., NE</b>      |                                 |
| CITY-ST-ZIP    | <b>ATLANTA GA 30306</b>        |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>HOOD, KENNETH</b>           |                                 |
| STREET ADDRESS | <b>2269 DOGWOOD LN.</b>        |                                 |
| CITY-ST-ZIP    | <b>ATLANTA GA 30345</b>        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>John Busby</b>  |
| 6.3 STREET ADDRESS | <b>1424 NE Expressway</b>  |
| 6.4 CITY-ST-ZIP    | <b>Atlanta, GA</b>   |

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 Date: 1-5-99 Daytime Phone # \_\_\_\_\_

CR2E037 (1/198)