

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 048 ****61.25

DOCUMENT # N97000001938

1. Entity Name

EVANGELINE BOOTH RESIDENCE, INC.

Principal Place of Business

Mailing Address

**1424 NE EXPRESSWAY
 ATLANTA GA 30329**

**1424 NE EXPRESSWAY
 ATLANTA GA 30329-2018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3437427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAULKNER, DONALD
 3101 LAKE ELLEN LN.
 TAMPA FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D ARWOOD, TED**
 STREET ADDRESS **5357 HARBINS COVE CT.**
 CITY-ST-ZIP **LILBURN GA 30247**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BENNETT, JOSEPH R.**
 STREET ADDRESS **958 ABINGDON CT.**
 CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BRATCHER, HOWARD L**
 STREET ADDRESS **15318 WINDING CREEK DR.**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE Change Addition
 NAME **D HAUPT, GARY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FAULKNER, DONALD**
 STREET ADDRESS **16628 VALLEY DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FIZER, DORIS M**
 STREET ADDRESS **1633 LENOX RD., NE**
 CITY-ST-ZIP **ATLANTA GA 30306**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HOOD, KENNETH**
 STREET ADDRESS **2269 DOGWOOD LN.**
 CITY-ST-ZIP **ATLANTA GA 30345**

TITLE Change Addition
 NAME **D COOPER, RAYMOND A.**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: _____

SIGNATURE OF DONALD FAULKNER
 VICE PRESIDENT DIRECTOR

2-7-2000

Date

Daytime Phone #

CR2E037 (9/99)