


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004-08:00 AM
Secretary of State

DOCUMENT # N97000001938 1. Entity Name EVANGELINE BOOTH RESIDENCE, INC.	
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Principal Place of Business 1424 NE EXPRESSWAY ATLANTA, GA 30329	Mailing Address 1424 NE EXPRESSWAY ATLANTA, GA 30329
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3437427	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

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

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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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODIER, WILLIAM R 2880 GRAVITT RD DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUPT, GARY 15318 WINDING CREEK DR. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAULKNER, DONALD 16628 VALLEY DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEFFREY, DAVID 2543 ALPINE WAY DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEEDHAM, PHILIP D 1424 NE EXPRESSWAY ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000157596
05/06/04-80033-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-23-04 404-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #