

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90318 008 ****61.25

DOCUMENT # N04000006332



1. Entity Name
HOME AWAY FROM HOME SENIOR CENTER, INC.

Principal Place of Business
**3375 NW 87TH TERR
 MIAMI, FL 33147**

Mailing Address
**3375 NW 87TH TERR
 MIAMI, FL 33147**

50037343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
20-1207900

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, IRENE
 3375 NW 87TH TERR
 MIAMI, FL 33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	President, and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Irene Griffin
STREET ADDRESS		STREET ADDRESS	3375 NW 87 Terrace
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Phyllis Hill
STREET ADDRESS		STREET ADDRESS	3375 NW 87 Terrace
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Ebony Griffin
STREET ADDRESS		STREET ADDRESS	3375 NW 87 Terrace
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Enjoli Stennette
STREET ADDRESS		STREET ADDRESS	3375 NW 87 Terrace
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jane Sullivan
STREET ADDRESS		STREET ADDRESS	3375 NW 87 Terrace
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *IRENE GRIFFIN*
Irene Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

(305) 302-3044

DATE

Daytime Phone #