

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713864

FILED
Feb 04, 2005
Secretary of State

Entity Name: HOLY COMFORTER SENIOR HOUSING, INC.

Current Principal Place of Business:

190 S.W. 13TH AVE
MIAMI, FL 331352425

New Principal Place of Business:

Current Mailing Address:

150 SW 13 AVENUE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-1306772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAD, WILLETTE
190 SW 13TH AVE #210
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORGAN, DWIGHT D
Address: 1775 SW 14 AVE
City-St-Zip: MIAMI, FL 33145

Title: TD () Delete
Name: BRIGGS, MALCOLM
Address: 150 SW 13 AVE
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: SCHAD, WILLETTE,
Address: 190 SW 13TH AVE #210
City-St-Zip: MIAMI, FL 33135

Title: VD () Delete
Name: NEFF, HERBERT J
Address: 2500 N FEDERAL HWY #223
City-St-Zip: BACA RATON, FL 33431

Title: D () Delete
Name: FREEMAN, AUDREY
Address: 2601 SW 80 AVE
City-St-Zip: MIAMI, FL 00000,

Title: D () Delete
Name: DUVALL, JOHN
Address: 1900 SECOFFE ST
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MONTOYA, MARIELA
Address: 4411 S. W. 137TH COURT
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM BRIGGS

T

02/04/2005

Electronic Signature of Signing Officer or Director

Date