

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 741251

1. Entity Name
CONTEMPORARY HOUSING FOR THE AGED, INC.



Principal Place of Business
220 W. 74TH PL.
HIALEAH, FL 33014

Mailing Address
POST OFFICE BOX 450049
ATLANTA, GA 31145 US



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1828788

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFITH, HAROLD
220 WEST 74TH PLACE
HIALEAH, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

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

U000000263753
03/14/05-80109-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
GLENN, JOSEPH F.
3447 GREYSTONE CIRCLE
ATLANTA, GA

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
GLENN, ELIZABETH C.
3447 GREYSTONE CIRCLE
ATLANTA, GA

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPSD
REINHART, ROBERT L
3447 GREYSTONE CIRCLE
ATLANTA, GA 30341

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day- M- Phone #

Joseph F. Glenn
Joseph F. Glenn

1/31/05
1/31/05

770-496-0598
770-496-0598