2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 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

01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1828788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 ______________________________
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLENN, JOSEPH F.
STREET ADDRESS	3447 GREYSTONE CIRCLE
CITY ST ZIP	ATLANTA, GA
TITLE	STD
NAME	GLENN, ELIZABETH C.
STREET ADDRESS	3447 GREYSTONE CIRCLE
CITY ST ZIP	ATLANTA, GA
TITLE	VPSD
NAME	REINHART, ROBERT L
STREET ADDRESS	3447 GREYSTONE CIRCLE
CITY ST ZIP	ATLANTA, GA 30341
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/20/06-80043-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOSEPH F. GLENN [signature] 1-23-06 770 496 0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #