


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 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
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1828788	Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 the corporation. (NOTE: Registered Agent's signature required when changing agent.) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

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01/17/08-80040-011 61.25

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 1/11/08 770-496-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR