

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-11-2005 90178045 ****61.25


F01000004408

FILED

05 MAY 10 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F01000004408					
1. Entity Name SOUTHERN HEALTH & HOUSING SERVICES FOR THE ELDERLY, INC.					
Principal Place of Business C/O CHARLES T. SPARKS 6481 SPARTINA CIRCLE JUPITER, FL 33458			Mailing Address C/O CHARLES T. SPARKS 6481 SPARTINA CIRCLE JUPITER, FL 33458		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-0987410	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELASCO, DENNIS 8406 WEST GULF BLVD. TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent Name Schiano, Paul Street Address (P.O. Box Number is Not Acceptable) 2050 34th Way N. City Largo FL Zip Code 33771		
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 <u><i>Paul G. Schiano</i></u> Paul Schiano 4/7/2005 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. <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SPARKS, CHARLES T 6481 SPARTINA CIRCLE JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORTE, DENNIS 313 WEST RIVERWOOD DRIVE NEW HOPE, PA 18938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Forte, Dennis 313 West Riverwood Drive New Hope, PA 18938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, SALLY 720 S.R. 52 HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VELASCO, DENNIS 8406 WEST GULF BLVD. TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u><i>Dennis Forte</i></u> Dennis Forte 4/7/2005 727-726-3310 Signature and typed or printed name of signing officer or director Date Daytime Phone #					