

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006708**1. Entity Name
FOUNDATION FOR SENIOR HOUSING, INC.Principal Place of Business
10109 BIG CANOE
JASPER GA 30143Mailing Address
10109 BIG CANOE
JASPER GA 30143

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
58-2559757Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKS JAMES
2503 CHESTERFIELD DRIVE
ST LUCIE FL 34982 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE **01/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ABERNATHY BISHOP L	
STREET ADDRESS	4502 VERDANT WOODS COURT SW	
CITY-ST-ZIP	POWER SPRINGS GA 30126	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD CHARLES S	
STREET ADDRESS	10109 BIG CANOE	
CITY-ST-ZIP	JASPER GA 30143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE EDWARD A	
STREET ADDRESS	2802 ENCHANTED CIRCLE	
CITY-ST-ZIP	GARLAND TX 75044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **CHARLES S HOWARD** D 01/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)