

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00656

1. Entity Name
**HOUSING ASSISTANCE FOUNDATION FOR THE
ELDERLY, INC.**



Principal Place of Business
**452 PLEASANT GROVES RD
INVERNESS, FL 34452 US**

Mailing Address
**452 PLEASANT GROVES RD
INVERNESS, FL 34452 US**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2577487

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAAG, JEANNETTE M.
452 PLEASANT GROVE RD
INVERNESS, FL 34452**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KELLY, JULIAN II
2113 FOREST DR
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SAWYER, DANIEL W.
307 N. SEMINOLE AVE.
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAAG, JEANNETTE M.
452 PLEASANT GROVE RD
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000114653
04/15/04-80053-009 61.25

**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)(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:

Julian Kelly II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 (352) 726-0901
Date Daytime Phone #