

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 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**



07202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**000000374424  
07/25/05-80009-010 61.25**

**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	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/24/05 (352) 726-8767**