

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 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**



01052007 No Chg-NP CR2E037 (4/06)

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000656380
03/14/07-80023-007 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

352-726-8767

Daytime Phone #