


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N00656 1. Entity Name HOUSING ASSISTANCE FOUNDATION FOR THE ELDERLY, INC.	
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Principal Place of Business 452 PLEASANT GROVES RD INVERNESS, FL 34452 US	Mailing Address 452 PLEASANT GROVES RD INVERNESS, FL 34452 US
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01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2577487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

U000000841930
03/11/08-80007-018 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

2/20/08

Date

(352) 726-0901

Daytime Phone #