## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

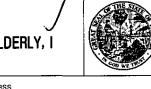
## DOCUMENT # N00656

## HOUSING ASSISTANCE FOUNDATION FOR THE ELDERLY, I



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452 PLEASANT GROVES RD 452			452 PI INVERI	Mailing Address 52 PLEASANT GROVES RD WERNESS FL 34452 S			1 18813181 811 188131	1844 NAS NAS NAS NAS NAS	DIRIS BIRIS BIRIS RIN	(1 <b>8 1 8</b> 7 1 1 <b>8 8</b> 1
2. Principal Place of Business 3.			3. Ma	. Mailing Address						
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			Ci	City & State			4. FEI Number 59-2577487 Applied For Not Applicable			
Zip Country			Zi	Þ	Cou	untry	5. Certificate of Status Desired Service Servi			
6. Name and Address of Current Register				ed Agent			7. Name and Address of New Registered Agent			
						Name				
HAAG, JEANNETTE M. 452 PLEASANT GROVE RD							(P.O. Box Number is Not	Acceptable)		
INVERNESS FL 34452										
				City					Zip Cod	
the obligat	named entity ions of registe	submits this statement for ered agent.	r the purp	pose of changing its	register	ed office or registe	ered agent, or both, in the	e State of Florida. 1 a	m familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)	DATI		
Trust Fu				Trust Fund C	ampaign Financing Contribution.		\$5.00 May Be Added to Fees	Florida Dep		State
10.		OFFICERS AND DIF	RECTORS	<u> </u>	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, JUI 2113 FORE INVERNES	est dr		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAWYER, I 307 N. SEI INVERNES	MINOLE AVE.		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAG, JEA 452 PLEAS INVERNESS	INNETTE M. ANT GROVE RD	-	☐ Delete		3	-	-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		[			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

6-19-03 (352) 726-8767