

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90318 008 ****61.25

DOCUMENT # N04000006332



1. Entity Name
HOME AWAY FROM HOME SENIOR CENTER, INC.

Principal Place of Business
**3375 NW 87TH TERR
 MIAMI, FL 33147**

Mailing Address
**3375 NW 87TH TERR
 MIAMI, FL 33147**

50037343



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1207900

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, IRENE
 3375 NW 87TH TERR
 MIAMI, FL 33147**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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, 2005**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Irene Griffin 3375 NW 87 Terrace Miami, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Phyllis Hill 3375 NW 87 Terrace Miami, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Ebony Griffin 3375 NW 87 Terrace Miami, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Enjoli Stennette 3375 NW 87 Terrace Miami, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Jane Sullivan 3375 NW 87 Terrace Miami, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: *IRENE GRIFFIN*
Irene Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 *(305) 302-3044*
Date Daytime Phone #