

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90012 016 ****70.25

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1. Entity Name

HOME AWAY FROM HOME SENIOR CENTER, INC.



Principal Place of Business

9811 GLACIER DRIVE
MIRAMAR, FL 33025

Mailing Address

9811 GLACIER DRIVE
MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP

CR2E037 (4/06)

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
9811 GLACIER DRIVE
MIRAMAR, FL 33025

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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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIFFIN, IRENE
STREET ADDRESS 9811 GLACIER DRIVE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE D
NAME HILL, PHYLLIS
STREET ADDRESS 3375 NW 87 TERRACE
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME GRIFFIN, EBONY
STREET ADDRESS 3375 NW 87 TERRACE
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME STENNETTE, ENJOLI
STREET ADDRESS 3375 NW 87 TERRACE
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME SULLIVAN, JANE
STREET ADDRESS 10930 NW 14 AVENUE, APT A-26
CITY-ST-ZIP MIAMI, FL 33167

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: *Irene Griffin* *Irene Griffin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/07

305-302-3044