

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006332

FILED
Apr 18, 2009
Secretary of State

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

Current Principal Place of Business:

9811 GLACIER DRIVE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

9811 GLACIER DRIVE
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 20-1207900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIFFIN, IRENE
9811 GLACIER DRIVE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFIN, IRENE
Address: 9811 GLACIER DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: HILL, PHYLLIS
Address: 3375 NW 87 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: GRIFFIN, EBONY
Address: 3375 NW 87 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: STENNETTE, ENJOLI
Address: 3375 NW 87 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete
Name: SULLIVAN, JANE
Address: 10930 NW 14 AVENUE; APT A-26
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRIFFIN, IRENE K
Address: 9811 GLACIER DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Change () Addition
Name: HILL, PHYLLIS
Address: 11561 SW 9TH CT.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SULLIVAN, JANE
Address: 10930 NW 14 AVENUE APT A-26
City-St-Zip: MIAMI, FL 33167

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE GRIFFIN

D

04/18/2009

Electronic Signature of Signing Officer or Director

Date