

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N09253

1. Entity Name
FLORIDA ELDERLY HOUSING, INC.



Principal Place of Business
**3447 GREYSTONE CIR
ATLANTA, GA 30341 US**

Mailing Address
**PO BOX 450049
ATLANTA, GA 31145 US**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FCI Number 58-1823160	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRIFFITH, HAROLD
1441 WEST 62ND ST
HIALEAH, FL 33012**

**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 the filer

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GLENN, JOSEPH F.
STREET ADDRESS	3447 GREYSTONE CIR
CITY, ST, ZIP	ATLANTA, GA

TITLE	DST
NAME	GLENN, ELIZABETH C.
STREET ADDRESS	3447 GREYSTONE CIR
CITY, ST, ZIP	ATLANTA, GA

TITLE	DV
NAME	REINHART, ROBERT L.
STREET ADDRESS	3447 GREYSTONE CIR
CITY, ST, ZIP	ATLANTA, GA

TITLE	D
NAME	COLLINS, WILLARD
STREET ADDRESS	3447 GREYSTONE CIR
CITY, ST, ZIP	ATLANTA, GA

TITLE	D
NAME	REAGAN, LARRY G
STREET ADDRESS	3447 GREYSTONE CIR
CITY, ST, ZIP	ATLANTA, GA

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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02/28/06 80001-015 61.25

**DO NOT WRITE
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: **JOSEPH F. GLENN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 (770) 496-0598
Date Daytime Phone