2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N09253

Entity Name: FLORIDA ELDERLY HOUSING, INC.

Current Principal Place of Business:

3447 GREYSTONE CIR
ATLANTA, GA 30341 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 450049
ATLANTA, GA 31145 US

New Mailing Address:

FEI Number: 58-1623160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFITH, HAROLD
1441 WEST 62ND ST
HIALEAH, FL 33012 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: DP ( ) Delete
Name: GLENN, JOSEPH F.,
Address: 3447 GREYSTONE CIR
City-St-Zip: ATLANTA, GA

Title: DST ( ) Delete
Name: GLENN, ELIZABETH C.,
Address: 3447 GREYSTONE CIR
City-St-Zip: ATLANTA, GA

Title: DV ( ) Delete
Name: REINHART, ROBERT L.,
Address: 3447 GREYSTONE CIR
City-St-Zip: ATLANTA, GA

Title: D (X) Delete
Name: COLLINS, WILLARD
Address: 3447 GREYSTONE CIR
City-St-Zip: ATLANTA, GA

Title: D (X) Delete
Name: REAGAN, LARRY G
Address: 3447 GREYSTONE CIR
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSEPH F. GLENN DP 02/04/2009

Electronic Signature of Signing Officer or Director — Date