FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N19262**

1. Corporation Name

HIALEAH ELDERLY HOUSING, INC.

Principal Place of Business 3447 GREYSTONE CIR ATLANTA GA 30341 US

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

PO BOX 450049 ATLANTA GA 31145

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Feb 15, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed 02/16/1987

4. FEI Number 58-1719466

· Z							#0.7E .	
City & State		City & State	City & State			5. Certifcate of Status Desired	\$8.75 Ac	
Zip	Country	Zip	Co	untry		6. Election Campaign Financing	\$5.00 N	//ау Ве
24	25	29	30			Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current			T		10. Name and Address of New Regi	stered Agent	
				81	Name			
MODALES	ALICIA			02	Ct-sat Adds	and (D.O. Box Number is Not Ascentable)		
MORALES, ALICIA 201 S. BISCAYNE BLVD. MIAMI FL 33131				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
MIAMI FL	33131						T-1 - 0	
				84	City		FL 85 Zip C	ode
	047.050	2 J C47 4E00 Flo	rida Ctatutas the	above	named com	oration submits this statement for the pur	nose of changing its r	ecistered
affice or w	agistared agent or both in the State (of Florida, Such cha	nge was authorize	ועס ספ	ine corporatio	on's board of directors. I hereby accept the	e appointment as reg	istered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 617	.0503, Florida Sta	itutes.			ନ୍ତ୍ର ଅନ୍ତର ବର୍ଷ ହେଇଛି । 	3 944 1 .
SIGNATURE							DATE	
	Signature, typed or printed name of registered agen		(NOTE: Register		t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	OFFICERS AND DIRECTORS DELETE			1.1 TITLE		7,55110110101010100 10 011101	Change	Addition
TITLE	<i></i>		*				_ · · •	_
NAME	GLENN, JOSEPH F.			1.2 NAME		* .		
STREET ADORESS	3447 GREYSTONE CIR			1.3 STREET ADDRESS		• •		
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP			Change	Addition
TITLE	DST	L	DELETE 2.1	TITLE			change	L. Addition
NAME	GLENN, ELIZABETH C.		1	NAME				
STREET ADDRESS	3447 GREYSTONE CIR		2.3	STREET	ADORESS			
CITY-ST-ZIP	ATLANTTA GA			CITY-S	T-ZIP			
TITLE	DV		DELETE 3.1	TITLE	1		Change -	☐ Addition
NAME:	reinhart, Robert L.		3.2	NAME				
STREET ADDRESS	3447 GREYSTONE CICR		3.3	STREET	ADDRESS			
CITY-ST-ZIP	ATLANTA GA		3.4	CITY-S	T-ZIP			
TITLE	D		DELETE 4.1	TITLE			Change	☐ Addition
NAME	COLLINS, WILLARD		4. 2	NAME			• •	1 + 17Y
STREET ADDRESS	3447 GREYSTONE CIR		4.3	STREET	ADDRESS	ા કાર્યો કર્યો કર્યા કર્યું ક ર	* 1	
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP				<u> </u>
TITLE	D		DELETE 5.1	TITLE			☐ Change	Addition
NAME	REAGAN, LARRY G		5.2	NAME				
STREET ADDRESS	3447 GREYSTONE CIR		5.3	STREET	ADDRESS			
CITY-ST-ZIP	ATLANTA GA		5.4	CITY-S	T-ZIP	t -	·	
TITLE			DELETE 6.1	TITLE		35	☐ Change	Addition
NAME			6.2	NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			6.3	STREET	ADDRESS			
STREET ADDRESS			6.4	CITY-S	T- ZIP			
CITY-ST-ZIP						Section 119.07(3)(i), Florida Statutes. I fu	the sautiful that the in	formation

regionical aminual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am are the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. officer or director of the corp Block 12 or Block 13 if chan

SIGNATURE:

Applied For

Not Applicable