


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N19262
 1. Entity Name
HIALEAH ELDERLY HOUSING, INC.



Principal Place of Business Mailing Address
3447 GREYSTONE CIR **PO BOX 450049**
ATLANTA, GA 30341 US **ATLANTA, GA 31145 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1719466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRIFFITH, HAROLD
1441 WEST 62ND STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GLENN, JOSEPH F. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GLENN, ELIZABETH C. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV REINHART, ROBERT L. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, WILLARD 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REAGAN, LARRY G 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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0105200409743
 01/22/04-80003-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 **JOSEPH F GLENN 1-6-04 770-496-0598**
Date Daytime Phone #
PRES.