

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N19262

1. Entity Name
HIALEAH ELDERLY HOUSING, INC.



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

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



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1719466

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 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 _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**000000263757
03/14/05-80109-011 61.25**

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/31/05
Date

770-496-0598
Daytime Phone #