


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FCI Number Applied For
58-1719466 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

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8. The above named entity swears to 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 _____
Signatures, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 | |

U00000439072
11/17/06-80030-010 61.25

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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 an other like empowered.

SIGNATURE: JOSEPH F. GLENN *[Signature]* 1-23-06 (770) 496 6598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Check the Public ☐