

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002927

1. Entity Name

VERO BEACH ELDERLY HOUSING, INC.



Principal Place of Business

3447 GREYSTONE CIR
ATLANTA, GA 30341 US

Mailing Address

PO BOX 450049
ATLANTA, GA 31145 US



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2190404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, HAROLD A
1441 WEST 62ND ST
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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000625269
02/14/07-80069-008 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
D
GLASS, BETTY
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

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Joseph F. Glenn, Pres. *Joseph F. Glenn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

1/16/07

770-496-0598