

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00656

**Entity Name:** HOUSING ASSISTANCE FOUNDATION FOR THE ELDERLY, INC.

**FILED**  
**Mar 31, 2017**  
**Secretary of State**  
**CC1051074413**

**Current Principal Place of Business:**

452 PLEASANT GROVES RD  
INVERNESS, FL 34452

**Current Mailing Address:**

452 PLEASANT GROVES RD  
INVERNESS, FL 34452 US

**FEI Number:** 59-2577487

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAAG, JEANNETTE M  
452 PLEASANT GROVE RD  
INVERNESS, FL 34452 US

*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.*

**SIGNATURE:** JEANNETTE M. HAAG

**03/31/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	STD
Name	KELLY, JULIAN II	Name	SAWYER, DANIEL W.
Address	2113 FOREST DR	Address	307 N. SEMINOLE AVE.
City-State-Zip:	INVERNESS FL	City-State-Zip:	INVERNESS FL
Title	D		
Name	HAAG, JEANNETTE M.		
Address	452 PLEASANT GROVE RD		
City-State-Zip:	INVERNESS FL		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEANNETTE M. HAAG

**DIRECTOR**

**03/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date