

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19262

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC6096663076**

**Entity Name:** HIALEAH ELDERLY HOUSING, INC.

**Current Principal Place of Business:**

3447 GREYSTONE CIR  
ATLANTA, GA 30341

**Current Mailing Address:**

PO BOX 450049  
ATLANTA, GA 31145 US

**FEI Number: 58-1719466**

**Certificate of Status Desired: No**

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

GRIFFITH, HAROLD  
1441 WEST 62ND STREET  
HIALEAH, FL 33012 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP	Title	DST
Name	GLENN, JOSEPH F.	Name	GLENN, ELIZABETH C.
Address	3447 GREYSTONE CIR	Address	3447 GREYSTONE CIR
City-State-Zip:	ATLANTA GA	City-State-Zip:	ATLANTTA GA

Title DV  
Name REINHART, ROBERT L.  
Address 3447 GREYSTONE CICR  
City-State-Zip: ATLANTA GA

*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: JOSEPH F. GLENN**

**PRESIDENT**

**02/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date