## **2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 718168** 

Entity Name: HAPPY HOUSE, INC.

**Current Principal Place of Business:** 

544 NW LAKE JEFFERY RD LAKE CITY, FL 32055

**Current Mailing Address:** 

P.O. BOX 1282

LAKE CITY. FL 32056-1282

FEI Number: 59-1294906 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SPRING, JUDY 1612 NW FRONTIER DR LAKE CITY, FL 32055 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: SPRING, JUDY 01/09/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title M

NameWALKER, SHERYLLNameKAZMIERSKI, MARCIAAddressPO BOX 1282Address600 NW CLUBVIEW CIRCity-State-Zip:LAKE CITY FL 32056-1282City-State-Zip:LAKE CITY FL 32055

TitlePRESIDENTTitleSECRETARYNameSPRING, JUDYNameWALKER, DIANE

Address 1612 NW FRONTIER DR Address 2128 SW TUSTENUGGEE AVE

City-State-Zip: LAKE CITY FL 32055 City-State-Zip: LAKE CITY FL 32025

Title TREASURER Title MEMBER

Name MORGAN, CHERYLL Name ALLISON, JOAN

Address 230 SE STILES WAY Address 884 NW SCENIC LAKE DR

City-State-Zip: LAKE CITY FL 32025 City-State-Zip: LAKE CITY FL 32055

Title MEMBER Title MEMBER

NameLAXTON, GARYNameNEWBERRY, LISAAddress1965 SW MIXON RDAddress240 NW HORIZON STCity-State-Zip:LAKE CITY FL 32024City-State-Zip:LAKE CITY FL 32055

Continues on page 2

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: SHERYLL WALKER EXECUTIVE DIRECTOR 01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 09, 2018

**Secretary of State** 

CC3786673249

## Officer/Director Detail Continued:

Title MEMBER

Name SMITH, GEORGIA

Address PO BOX 1792

City-State-Zip: LAKE CITY FL 32056

Title CO-CHAIRMAN
Name HALL, SUSIE

Address 395 SW RIDGEVIEW PL City-State-Zip: LAKE CITY FL 32024 Title MEMBER

Name JONES, PARK

Address 449 SW MONTGOMERY DR.

City-State-Zip: LAKE CITY FL 32025