

2015 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:**PERSONS, JOSEPH N
801 SW SEMINOLE TERR
LAKE CITY, FL 32024 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	D
Name	WALKER, SHERYLL
Address	PO BOX 1282
City-State-Zip:	LAKE CITY FL 32056-1282

Title	M
Name	KAZMIERSKI, MARCIA
Address	600 NW CLUBVIEW CIR
City-State-Zip:	LAKE CITY FL 32055

Title	C
Name	PERSONS, JOE
Address	801 SW SEMINOLE TERR
City-State-Zip:	LAKE CITY FL 32024

Title	CO-C
Name	SPRING, JUDY
Address	1612 NW FRONTIER DR
City-State-Zip:	LAKE CITY FL 32055

Title	SECRETARY
Name	WALKER, DIANE
Address	2128 SW TUSTENUGGEE AVE
City-State-Zip:	LAKE CITY FL 32025

Title	MEMBER
Name	MORGAN, CHERYLL
Address	230 SE STILES WAY
City-State-Zip:	LAKE CITY FL 32025

Title	MEMBER
Name	ALLISON, JOAN
Address	884 NW SCENIC LAKE DR
City-State-Zip:	LAKE CITY FL 32055

Title	MEMBER
Name	LEVY, CELESTINE
Address	PO BOX 672
City-State-Zip:	LAKE CITY FL 32056

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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****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title MEMBER
Name LAXTON, GARY
Address 1965 SW MIXON RD
City-State-Zip: LAKE CITY FL 32024

Title MEMBER
Name NEWBERRY, LISA
Address 240 NW HORIZON ST
City-State-Zip: LAKE CITY FL 32055

Title MEMBER
Name JONES, PARK
Address 449 SW MONTGOMERY DR.
City-State-Zip: LAKE CITY FL 32025

Title MEMBER
Name MOSES, SARAI
Address 383 SW SWEETBREEZE DR.
City-State-Zip: LAKE CITY FL 32024

Title MEMBER
Name SMITH, GEORGIA
Address PO BOX 1792
City-State-Zip: LAKE CITY FL 32056