

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744681

Entity Name: HABILITATION CENTER FOR THE HANDICAPPED, INC.**Current Principal Place of Business:**22313 BOCA RIO ROAD
BOCA RATON, FL 33433**Current Mailing Address:**22313 BOCA RIO ROAD
BOCA RATON, FL 33433**FEI Number:** 59-1859543**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENRY, SHERRY CHIEF EXECUTIVE OFFICER
22313 BOCA RIO RD
BOCA RATON, FL 33433 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:** SHERRY HENRY

01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	CHIEF EXECUTIVE OFFICER, CEO
Name	CAMBIA, BARBARA	Name	HENRY, SHERRY
Address	22313 BOCA RIO ROAD	Address	22313 BOCA RIO ROAD
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	TREASURER	Title	CFO
Name	SHIKIAR, MINDY SLOANE	Name	OWEN, DANIEL
Address	22313 BOCA RIO ROAD	Address	22313 BOCA RIO ROAD
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	ACCOUNTING MANAGER	Title	SECRETARY
Name	REECE, MALVORY	Name	MILLAR, SEPTEMBER
Address	8319 BERMUDA SOUND WAY	Address	22313 BOCA RIO ROAD
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOCA RATON FL 33433

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: MALVORY REECE**ACCOUNTING MANAGER** 01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date