

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001117

Entity Name: MEC POMPANO THE HEALING CENTER, INC.**Current Principal Place of Business:**115 NW 3RD ST
POMPANO BEACH, FL 33060**Current Mailing Address:**115 NE 3RD STREET
POMPANO BEACH, FL 33060 US**FEI Number:** 65-1031438**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, DORIS
115 NW 3RD ST
POMPANO BEACH, FL 33060 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:** DORIS BAKER

03/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/D
Name KEMP, OTIS L
Address 3910 NW 177 STREET
City-State-Zip: CAROL CITY FL 33055

Title DIRECTOR
Name KEMP, VIVIAN E
Address 3910 NW 177 STREET
City-State-Zip: CAROL CITY FL 33055

Title V/D
Name STOKES, HOWARD
Address 1441 NORTHWEST 5TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33311

Title T/D
Name BAKER, DORIS
Address 4840 NW 16TH CT
City-State-Zip: LAUDERHILL FL 33313

Title S/D
Name DEES, EDICE S
Address 1213 S. DIXIE HIGHWAY APT#207
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name BOARDERS, LEO
Address 604 N.W. 17 AVE
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name WILLIAMS, TYUS
Address 1920 S.W. 81 AVE APT#1-106
City-State-Zip: POMPANO BEACH FL 33068

Title DIRECTOR
Name CHAMBERS, MARILYN
Address 2704 NW 47 TERRACE
City-State-Zip: LAUDERHILL FL 33313

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: VIVIAN KEMP

DIRECTOR

03/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENDERSON, STEPHEN
Address 3730 NW 29 STREET
City-State-Zip: FORT LAUDERDALE FL 33311

Title DIRECTOR
Name MATHIS, JOY
Address 3554 LAKEWOOD PLACE
City-State-Zip: COCONUT CREEK FL 33073