## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009925

Entity Name: CREATIVE HAPPINESS INSTITUTE INC.

**FILED** Feb 09, 2019 **Secretary of State** 6856116054CC

**Current Principal Place of Business:** 

1104 JACARANDA AVE DAYTONA BEACH, FL 32118

## **Current Mailing Address:**

1104 JACARANDA AVE DAYTONA BEACH, FL 32118

FEI Number: 27-1108669 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AXELROD, DAVID B. DR. 1104 JACARANDA AVENUE DAYTONA BEACH, FL 32118 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: DAVID B. AXELROD 02/09/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title **SECRETARY** 

AXELROD, DAVID B Name MARTIN, SANDRA K. Name 1104 JACARANDA AVE Address 1104 JACARANDA AVE Address

City-State-Zip: DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 City-State-Zip:

Title **BOARD OF DIRECTORS** Title ATTORNEY, LEGAL ADVISOR Name WESTBROOK, MARY-ANN OWENS, JESSE SAM ESQ. Name Address 1104 JACARANDA AVE Address 1104 JACARANDA AVE

DAYTONA BEACH FL 32118 City-State-Zip: City-State-Zip: DAYTONA BEACH FL 32118

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.

**PRESIDENT** 

SIGNATURE: DAVID B. AXELROD

Electronic Signature of Signing Officer/Director Detail

Date