

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000531

**Entity Name:** HOUSE OF LOVEILLIONAIRES, INC.**Current Principal Place of Business:**700 S. ROSEMARY AVENUE  
SUITE #204  
WEST PALM BEACH, FL 33401**Current Mailing Address:**3176 TURTLE COVE  
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WEST PALM BEACH, FL 33411 US**FEI Number:** 82-4296143**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARRIS, SABRINA  
3176 TURTLE COVE  
WEST PALM BEACH, FL 33411 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	CEO
Name	HARRIS, SABRINA
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	GREEN, NOVELL
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	PASTOR
Name	THICKLIN , J.R. DR.
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	DISROE, TINESHA M
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	POWELL-SKINNER, DEBORAH
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TREASURER
Name	ADELUSI , HENRY
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	JACQUELYN, ANDERSON
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

Title	OFFICER
Name	HARRIS, JACKIE L SR.
Address	700 S. ROSEMARY AVENUE SUITE #204
City-State-Zip:	WEST PALM BEACH FL 33401

**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:** SABRINA HARRISCEO & EXECUTIVE  
DIRECTOR

03/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title PASTOR  
Name BLACKWELL-PRICE, CAROLYN  
Address 700 S. ROSEMARY AVENUE  
SUITE #204  
City-State-Zip: WEST PALM BEACH FL 33401

Title OFFICER  
Name MINUS, DAUHN  
Address 700 S. ROSEMARY AVENUE  
SUITE #204  
City-State-Zip: WEST PALM BEACH FL 33401