

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000000531

Entity Name: HOUSE OF LOVEILLIONAIRES, INC.**Current Principal Place of Business:**2100 45TH STREET
C/O COMMUNITY HEALTH CENTER SUITE A4-A8
WEST PALM BEACH, FL 33407**Current Mailing Address:**2100 45TH STREET
C/O COMMUNITY HEALTH CENTER SUITE A4-A8
WEST PALM BEACH, FL 33407 US**FEI Number:** 82-4296143**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, SABRINA
2100 45TH STREET
C/O COMMUNITY HEALTH CENTER SUITE A4-A8
WEST PALM BEACH, FL 33407 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 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name GREEN, NOVELL
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name ADELUSI , HENRY
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name JACQUELYN, ANDERSON
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name POWELL-SKINNER, DEBORAH
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name WILLIAMS-WESTON, TARSHA
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title ELDER
Name THICKLIN , J.R. DR.
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name DISROE, TINESHA M
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

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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: SABRINA HARRIS

03/19/2021

CEO & EXECUTIVE
DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ELDER
Name PINDER, RENEE
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title OTHER
Name BLACKWELL-PRICE, CAROLYN
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407

Title OFFICER
Name HARRIS, JACKIE L SR.
Address 2100 45TH STREET
C/O COMMUNITY HEALTH CENTER
SUITE A4-A8
City-State-Zip: WEST PALM BEACH FL 33407