

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011202

**Entity Name:** HAVE OPPORTUNITIES & PERSONALIZED EDUCATION FOR ADULTS WITH DISABILITIES INC

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**5466531290CC**

**Current Principal Place of Business:**

1717 NW 7TH AVENUE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

P.O. BOX 70394  
FORT LAUDERDALE, FL 33307 UN

**FEI Number: 85-3974249**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GARCIA, HECTOR J  
1717 NW 7TH AVENUE  
FORT LAUDERDALE, FL 33311 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            DIR.  
Name            GARCIA, HECTOR J  
Address        1717 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            DIR  
Name            ZAPATA, DAVID A  
Address        1717 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            DIR  
Name            GARCIA, HECTOR  
Address        1717 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            DIR  
Name            TYRELL, ANCIL  
Address        1717 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

*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: ANCIL TYRELL

DIR

04/30/2022

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

\_\_\_\_\_  
Date