

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # NO1000006949

1. Entity Name
THE HAILE SELASSIE I LEARNING CENTER, INC.



Principal Place of Business
**5531 NW 10TH AVE
MIAMI, FL 33127**

Mailing Address
**5531 NW 10TH AVE
MIAMI, FL 33127**



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1149407

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CARMICHAEL, WAYNE
5531 NW 10TH AVE
MIAMI, FL 33127**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WEAVER, TREESEY
5531 N.W. 10TH AVE.
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARMICHAEL, WAYNE
5531 NW 10TH AVE
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DIXON, ETHEL
5531 NW 10TH AVE
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000125191
04/22/04-80075-009 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Treesey Weaver* *Treesey Weaver* 4-16-04 (305) 751-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #