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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N04081

(8)

DOCUMENT #	N0408
HARCENTER FOUND	DATION, INC.

HADUE	MIEU LOOKOVIION INO.								
Principal Place	of Business	Mailing Address					IISI BIBIT BIBII	Tidel alan al	ISII BIBII IBBI
22313 BOCA 22313 BOCA	RIO ROAD	22313 BOCA RIO ROAL BOCA RATON FL 3343							
BOCA RATON US	N FL 33433-4701	US				3. Date Incorporated or Qualified 07/09/1984		of Last Re 5/23/19	
2 Principal Pla	ace of Rusiness	2a. Mailing Address				4. FEI Number		Ar	oplied For
21	1				59-2425656				
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	×		Additional equired	
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip 29	Zip Country			 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No 			
24	9. Name and Address of Curren		1001	1		10. Name and Address of New Re	gistered A	gent	
	3. 1401110 0110 11010			81 N	anie				
HAZELT	INE, LAURIE M			82 S	treet Addr	Address (P.O. Box Number is Not Acceptable)			
	BOCA RIO RD.			83					
BOCA P	RATON FL 33433			L.L.				Tag U 7	On do
				84 C	iity		FL	85 Zip	Code
or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	tion 617.0503, Florida Statutes	i.	Оогрога		ation submits this statement for the purp rd of directors. I hereby accept the appo		egistered a	agent. I am
SIGNATURE	Signature, typed or printed name of registered agent				nat ire redure	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12
12.	T	ID DIRECTORS	13.	ITLE				Change	Addition
TITLE	PD PURCEY DAIL K ID	Decere		IAME	, –	ouffey, Paul K JR	-		
NAME STREET ADDRESS	DUFFEY, PAUL K JR 1300 N FEDERAL HIGHWAY			STREET ADI		300 N. Federal Hi	ghway	,	
CITY-ST-ZIP	BOCA RATON FL		1.4 (CITY-ST-Z		Boca Raton, FL	-		
TITLE	SDT	DELETE	211	TITLE		5/T	£	Change	Addition
NAME	MORRISON, KAREN L		221	NAME	Įv.	Morrison, Karen L			
STREET ADDRESS	3757 LONE PINE RD.		235	STREET AD	DRESS 3	3757 Lone Pine Rd.	•		
CITY-ST-ZIP	DELRAY BEACH FL	TO STATE		CITY - ST -	ZIP E	elray Beach, FL	F	Change	Addition
TITLE	D	DELETE		TITLE			L	Ja-	<u>-</u>
NAME	KORNBLUTH, MARTIN		1	NAME STREET AD	DBESS				
STREET ADDRESS				CHY-ST-	l l				
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL	DELETE		TITLE	F	•	Ş	C hange	Addition
NAME	FEIGL, RUTH		4. 2	NAME	F	Feigl, Ruth			
STREET ADDRESS	THE TANK OF THE SALES		43	STREET AD		7402 Panache Way			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-	ZIP	Boca Raton, FL		El Change	Addition
TITLE	DV	DELETE		TITLE	7		1	_j unange	Addition Addition
NAME	SAPOSNEKOO, ZELDA			NAME		Saposnekoo, Zelda			
STREET ADDRESS			1	STREET AC	1 4	2040 Lyndhurst J			
CITY-ST-ZIP	DEERFIELD BEACH FL	☐ DELETE		CHY-ST-	ZIP I	Deerfield Beach,	FL (Change	Addition
TITLE		FINCTELE		NAME					
NAME			1	NAME STREET AL	ODBESS				
STREET ADDRESS	5			CITY-ST-					
CITY-ST-ZIP			0.4	0111-31-	<u> </u>	4 d Continue 110	07/9VIA Ele	rida Statut	toe I further

61Y-51-2P
14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR