

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N35447 (4)**

1. Corporation Name

**HAVILAH: FAMILY CENTER FOR COUNSELING, MOTIVATION, PERSONAL DEVELOPMENT AND RESEARCH, INC.**



Principal Place of Business

510 NW 214TH ST., #201  
MIAMI FL 33169

Mailing Address

510 NW 214TH ST., #201  
MIAMI FL 33169

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0488861

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☒ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, GRACIE A.  
510 NW 214TH ST., #201  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILLER, GRACIE A  
STREET ADDRESS 510 NW 214TH ST., #201  
CITY-ST-ZIP MIAMI FL 33169

TITLE VD  
NAME RAIFORD, GILBERT L  
STREET ADDRESS 1501 NE 149TH ST.  
CITY-ST-ZIP NORTH MIAMI FL

TITLE SD  
NAME MCKENZIE, ELSIE  
STREET ADDRESS 1226 LENOX AVE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD  
NAME RAIFORD, MILDRED  
STREET ADDRESS 1501 NE 149TH ST.  
CITY-ST-ZIP NORTH MIAMI FL

TITLE D  
NAME MILLER, ALBERT A JR.  
STREET ADDRESS 510 NW 214TH ST., #201  
CITY-ST-ZIP MIAMI FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

400001846944  
-06/03/96--01015--012  
\*\*\*75.00

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACIE A. MILLER

4/27/96

Date

305/635-0130

Daytime Phone #

CR2E037 (12/95)