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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT #N35447

1. Corporation Name
HAVILAH: Family Center For Counseling, Motivation, Personal Development and Research, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: November 27, 1989

4. FEI Number: ☐ Applied For ☑ Not Applicable

2. Principal Place of Business
21 NW. 9th Court
Suite, Apt. #, etc.
22 # 107
City & State
23 Miami, Florida
Zip 24 33169 Country 25 USA

2a. Mailing Address
26 207-49 N.W. 9th Court
Suite, Apt. #, etc.
27 # 107
City & State
28 Miami, Florida
Zip 29 33169 Country 30 USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Gracie A. Miller
207-49 N.W. 9th Court
apt # 107
Miami, Florida 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	pd Gracie A. Miller 20749 N.W. 9th Court, # 107 Miami, FL 33169	☐	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD Wiggins, Carter J. 1175 N.E. 125th St N. Miami Beach, FL. 33161	☐ ☑
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Raiford, Gilbert L. 1501 N.E. 149th St. North Miami, FL.	☑	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D Harris Barbara 20749 N.W. 9th Court # 107 Miami, Florida 33169	☐ ☑
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Raiford, Millard 1501 N.E. 149th St. North Miami, FL.	☑	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Thomas, Theodore H. 346 N.W. 43rd St. Miami, FL.	☑	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lecky, Parthenia O. 11942 S.W. 216th St. Miami, Florida	☑	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	100002571041 -06/24/98--01053--020 ***70.00	☐ ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ ☐

14. 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 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: Gracie A. Miller Gracie A. Miller 5/12/98 305/655-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)