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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90252 036 \*\*\*\*69.40

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1. Corporation Name

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

Principal Place of Business

207-49 9TH COURT  
#107  
MIAMI FL 33169

Mailing Address

207-49 9TH COURT  
#107  
MIAMI FL 33169



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/27/1989

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MILLER, GRACIE A.  
207-49 9TH COURT  
APT #107  
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 ☐ DELETE

NAME MILLER, GRACIE A  
STREET ADDRESS 207-49 9TH COURT, #107  
CITY-ST-ZIP MIAMI FL 33169

TITLE VD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME RAIFORD, MILDRED  
STREET ADDRESS 1501 NE 43RD ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LEEDY, PARTHENIA  
STREET ADDRESS 11962 SW 216TH ST  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME WIGGINS, CARTER  
STREET ADDRESS 1175 NE 125TH ST  
CITY-ST-ZIP N. MIAMI BCH FL 33161

TITLE SD ☐ DELETE

NAME HARRIS, BARBARA  
STREET ADDRESS 207-49 9TH COURT. #107  
CITY-ST-ZIP MIAMI FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0033807