

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

DOCUMENT # N35447

1. Entity Name

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



Principal Place of Business

21361 NE 8TH AVE
1
MIAMI, FL 33179

Mailing Address

21361 NE 8TH AVE
1
MIAMI, FL 33179

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 SEP 30 PM 2:06



09132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GRACIE A.
21361 NE 8TH AVE
1
MIAMI, FL 33179

**DO NOT WRITE
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 September 8, 2004**

9. Election Campaign Financing,
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400041562594
10/04/04--01018--023 **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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/04

Date

305/655-0802

Daytime Phone #