


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N35447</b> 1. Entity Name <b>HAVILAH: FAMILY CENTER FOR COUNSELING,                  MOTIVATION, PERSONAL DEVELOPMENT AND                  RESEARCH, INC.</b>		
Principal Place of Business 21361 NE 8TH AVE # 1 MIAMI, FL 33179	Mailing Address 21361 NE 8TH AVE # 1 MIAMI, FL 33179	



09132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25                  Due by September 8, 2004</b>	9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> , May Be Added to Fees
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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	

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IN THIS SPACE

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10/04/04--01018--023 \*\*70.00

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:  9/18/04 305/655-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #