

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N35447**

1. Entity Name

HAVILAH: FAMILY CENTER FOR COUNSELING,  
MOTIVATION, PERSONAL DEVELOPMENT AND



Principal Place of Business

21361 NE 8TH AVE  
# 1  
MIAMI FL 33179

Mailing Address

21361 NE 8TH AVE  
# 1  
MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/06)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000573793  
CITY- ST- ZIP 08/08/06-80001-010 70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Gracie A. Miller*

8/4/06

315/655-802