

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90082 042 ****61.25

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1. Entity Name
HARBOUR ISLAND FAMILY REUNION, INC. (HIFR)



Principal Place of Business

**1559 NW 53RD ST
MIAMI, FL 33147**

Mailing Address

**4350 NW 181 TERR.
MIAMI, FL 33055**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
02-2218201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, SANDRA
4350 NE 181 TERR.
MIAMI, FL 33055**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WALLACE, SANDRA
STREET ADDRESS 4350 NW 181 TERR
CITY-ST-ZIP MIAMI, FL 33055

TITLE V
NAME BARRY, OSWALD
STREET ADDRESS 3030 SALINAS WAY
CITY-ST-ZIP MIRAMAR, FL 33055

TITLE S
NAME BARRY, GLORIA
STREET ADDRESS 3030 SALINAS WAY
CITY-ST-ZIP MIRAMAR, FL 33055

TITLE D
NAME CLEARE, SAMUEL
STREET ADDRESS 1041 NW 136TH CT.
CITY-ST-ZIP MIAMI, FL 33168

TITLE D
NAME CANTY, LENA
STREET ADDRESS 1559 NW 53RD ST
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME PAUL, DOROTHY
STREET ADDRESS 3870 NW 8TH COURT
CITY-ST-ZIP FT. LAUDERDAL, FL 33311

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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

Date

Daytime Phone #