

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002216

FILED  
May 21, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1559 NW 53RD ST  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

4350 NW 181 TERR.  
MIAMI, FL 33055

**New Mailing Address:**

**FEI Number:** 02-2218201      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WALLACE, SANDRA  
Address: 4350 NW 181 TERR  
City-St-Zip: MIAMI, FL 33055

Title: V      ( ) Delete  
Name: BARRY, OSWALD  
Address: 3030 SALINAS WAY  
City-St-Zip: MIRAMAR, FL 33055

Title: S      ( ) Delete  
Name: BARRY, GLORIA  
Address: 3030 SALINAS WAY  
City-St-Zip: MIRAMAR, FL 33055

Title: D      ( ) Delete  
Name: CLEARE, SAMUEL  
Address: 1041 NW 136TH CT.  
City-St-Zip: MIAMI, FL 33168

Title: D      ( ) Delete  
Name: CANTY, LENA  
Address: 1559 NW 53RD ST  
City-St-Zip: MIAMI, FL 33147

Title: D      ( ) Delete  
Name: PAUL, DOROTHY  
Address: 3870 NW 8TH COURT  
City-St-Zip: FT. LAUDERDAL, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: SMITH, PAMELA  
Address: 4307 NW 199TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDR WALLACE

PREA

05/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date