2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N93000002216

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:	SMITH, PAMELA	
Address:	4307 NW 199TH STREET	
City-St-Zip:	MIAMI GARDENS, 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SONDRA WALLACE P 05/14/2009
Electronic Signature of Signing Officer or Director — Date