

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 020 ****70.00

DOCUMENT # N95000001565

1. Corporation Name

HARRIS CHAPEL LIFE ENRICHMENT CENTER, INC.

Principal Place of Business

2351 N.W. 26TH ST.
OAKLAND PARK FL 33311

Mailing Address

P.O. BOX 5242
FT. LAUDERDALE FL 33310-5242

604875-90006-20



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33310-9881

30

3. Date Incorporated or Qualified

04/04/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, EDDIE L JR.
2351 N.W. 26TH ST.
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, WILLIE L	
STREET ADDRESS	421 NW 29 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, THEODSHIA	
STREET ADDRESS	2200 NW 33 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEHART, ELOISE	
STREET ADDRESS	4550 NW 13 ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, ERNEST	
STREET ADDRESS	2621 NW 17 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATIE, GWENDOLYN C	
STREET ADDRESS	2770 N.W. 26TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILES, ALPHONSO	
STREET ADDRESS	2663 N.W. 8TH RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PRESIDENT, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Orange, Karla	
5.3 STREET ADDRESS	4692 NW 86 Lane	
5.4 CITY-ST-ZIP	Coral Springs FL 33067	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dooling, Mary	
6.3 STREET ADDRESS	3496 NW 33rd Street	
6.4 CITY-ST-ZIP	Lauderdale/Lakes, FL 33313	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheela A. Biron* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/99

Date

954-731-5085

Daytime Phone #

CR2E037 (5/99)