

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90017 010 ****70.00

DOCUMENT # N9500000-1565

1. Entity Name

HARRIS CHAPEL LIFE ENRICHMENT CENTER, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 9881
FT LAUDERDALE FL 33310-9881**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, WILLIE L	
STREET ADDRESS	421 NW 29 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, THEODSHIA	
STREET ADDRESS	2200 NW 33 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnnie Robinson	
STREET ADDRESS	2541 NW 26th Street, Ft Lauderdale	
CITY-ST-ZIP	FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input type="checkbox"/> Delete
NAME	DEHART, ELOISE	
STREET ADDRESS	4550 NW 13 ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ORANGE, KARLA	
STREET ADDRESS	4692 NW 86 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DOOLING, MARY	
STREET ADDRESS	3496 NW 33RD ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katrina Harding	
STREET ADDRESS	1750 NW 36th Terrace	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	

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

DIRECTOR

2/22/01

Date

954-731-5085

Daytime Phone #

CR2E037 (10/00)