

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (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
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 039 ****61.25

DOCUMENT # **N95000004671** ✓

1. Corporation Name

FELICIA'S HOUSE, INC.

Principal Place of Business

295 N. BISCAYNE RIVER DR.
MIAMI FL 33169

Mailing Address

295 N. BISCAYNE RIVER DR.
MIAMI FL 33169



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/03/1995

4. FEI Number

65-0610592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WHIPPLE, FELICIA
295 N. BISCAYNE RIVER DR.
MIAMI FL 33169

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 *Felicia V. Whipple*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/1999
DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME WHIPPLE, FELICIA
STREET ADDRESS 295 N. BISCAYNE RIVER DR.
CITY-ST-ZIP NORTH MIAMI FL 33169

TITLE VSD ☐ DELETE
NAME WHIPPLE, EMANUEL
STREET ADDRESS 295 N. BISCAYNE RIVER DR.
CITY-ST-ZIP NORTH MIAMI FL 33169

TITLE D ☐ DELETE
NAME GIVENS-MYERS, W. MARY
STREET ADDRESS 5895 NW 12TH AVENUE
CITY-ST-ZIP MIAMI FL 33127

TITLE D ☐ DELETE
NAME WHITE, ISABELLA
STREET ADDRESS 2110 NW 58TH STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☒ DELETE
NAME HARRIS, IRENE
STREET ADDRESS 1238 NW 9 AVENUE
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ~~CEO~~ ☐ DELETE
NAME RODRIGUEZ, CLIFTON H
STREET ADDRESS 3146 NW 68 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33142

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *CEO/Chairperson* ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE *Ex-officio member/ Board Advisor* ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Felicia V. Whipple*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/1999
Date

Daytime Phone #

CR2E037 (5/99)