

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004671

Entity Name: FELICIA'S HOUSE, INC.

FILED  
May 03, 2007  
Secretary of State

**Current Principal Place of Business:**

2110 NW 58TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2110 NW 58TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 65-0610592      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:**

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

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

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: CEOC      ( ) Delete  
Name: WHIPPLE, FELICIA  
Address: 295 N. BISCAYNE RIVER DR.  
City-St-Zip: NORTH MIAMI, FL 33169

Title: D      ( ) Delete  
Name: SELTZER, BETTY  
Address: 2474 NW 58TH STREET, APT. H-2  
City-St-Zip: MIAMI, FL 33142

Title: D      ( ) Delete  
Name: GRIFFIN, JACQUELINE  
Address: 633 SW 2ND STREET  
City-St-Zip: FLORIDA CITY, FL 33034

**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:

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: FELICIA WHIPPLE

OWNE

05/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date