

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001757

1. Entity Name

HARMONY HEIGHTS ADDITION COMMUNITY CENTER, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90123 042 ****61.25

Principal Place of Business

Mailing Address

2412 N 43RD ST
 FT PIERCE FL 34946

2412 N 43RD ST
 FT PIERCE FL 34946-1522
 US

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

65-0796117

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

BOWL, KENNETH
 2412 N 43RD ST
 FT PIERCE FL 34946

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

Kenneth Bowl 4/27/00

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	PD	<input type="checkbox"/> Delete
NAME	BOWE, KENNETH	
STREET ADDRESS	2512 N 43RD ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAUL, ANN	
STREET ADDRESS	2216 N 45TH ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKELVIN, MARY	
STREET ADDRESS	2414 B 49TH ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BENNETT, VIVIAN	
STREET ADDRESS	2409 N 44TH ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAIN, JIM	
STREET ADDRESS	2001 N 43RD ST	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Kenneth Bowl 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)