

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001757
 1. Entity Name
HARMONY HEIGHTS ADDITION COMMUNITY CENTER, INC.

Principal Place of Business 2412 N 43RD ST FT PIERCE, FL 34946	Mailing Address 2412 N 43RD ST FT PIERCE, FL 34946 US
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04242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOWE, KENNETH
 2412 N 43RD ST
 FT PIERCE, FL 34946

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Kenneth B* DATE: 4/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWE, KENNETH 2512 N 43RD ST FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, ARTHUR 2502 N. 45TH ST. FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKELVIN, MARY 2414 B 49TH ST FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BENNETT, VIVIAN 2409 N 44TH ST FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAIN, JIM 2001 N 43RD ST FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000336315
 04/27/05-80119-016 61.25

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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 B* **Kenneth BOWE** DATE: 4/24/05 DAYTIME PHONE #: 772 979 5954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR