

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001757

FILED
May 02, 2008
Secretary of State

Entity Name: HARMONY HEIGHTS ADDITION COMMUNITY CENTER, INC.

Current Principal Place of Business:

2412 N 43RD ST
FT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

2412 N 43RD ST
FT PIERCE, FL 34946 US

New Mailing Address:

2412 N 43RD ST
FT PIERCE, FL 34946

FEI Number: 65-0796117 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:

BOWE, KENNETH
2412 N 43RD ST
FT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: BOWE, KENNETH
Address: 2512 N 43RD ST
City-St-Zip: FT PIERCE, FL 34946

Title: VD () Delete
Name: WILLIAMS, ARTHUR
Address: 2502 N. 45TH ST.
City-St-Zip: FORT PIERCE, FL 34946

Title: SD () Delete
Name: MCKELVIN, MARY
Address: 2414 B 49TH ST
City-St-Zip: FT PIERCE, FL 34946

Title: ASD () Delete
Name: BENNETT, VIVIAN
Address: 2409 N 44TH ST
City-St-Zip: FT PIERCE, FL 34946

Title: TD () Delete
Name: CAIN, JIM
Address: 2001 N 43RD ST
City-St-Zip: FT PIERCE, FL 34946

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:

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: KENNETH BOWE

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date