2003 NOT-FOR-PROFIT CORPORATION

May 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9700001757 1. Entity Name 05-07-2003 90142 009 ****61.25 HARMONY HEIGHTS ADDITION COMMUNITY CENTER, INC. Principal Place of Business Mailing Address 2412 N 43RD ST 2412 N 43RD ST FT PIERCE FL 34946 FT PIERCE FL 34946 US 2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0796117 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOWL, KENNETH Street Address (P.O. Box Number is Not Acceptable) Bows 2412 N 43RD ST FT PIERCE FL 34946 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD ☐ Change ☐ Addition Delete TITLE TITLE BOWE, KENNETH NAME NAME STREET ADDRESS 2512 N 43RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34946 ☐ Change ☐ Addition VD. ☐ Delete TITLE SAUL, ANN NAME NAME 2216 N 45TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP :-FT-PIERCE FL"34946" ☐ Delete Change ☐ Addition TITLE TITLE NAME MCKELVIN. MARY NAME STREET ADDRESS STREET ADDRESS 2414 B 49TH ST CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34946 ASD ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENNETT, VIVIAN NAME NAME 2409 N 44TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP FT PIERCE FL 34946 ☐ Addition ☐ Change TD ☐ Delete TITLE TITLE NAME CAIN, JIM NAME STREET ADDRESS STREET ADDRESS 2001 N 43RD ST CITY-ST-ZIP CITY-ST-7IP FT PIERCE FL 34946 ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

STREET ADDRESS CITY-ST-ZIP

NAME

CICNATURE:

STREET ADDRESS

CITY-ST-ZIP

EDSH BOWS

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