

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000950

**Entity Name:** DR. BARBARA SENIORS HARKINS FOUNDATION, INC.

**Current Principal Place of Business:**

2118 NE 40TH AVE.  
HOMESTEAD, FL 33033

**Current Mailing Address:**

3624 KALSMAN DRIVE  
APT. 1  
LOS ANGELES, CA 90016

**FEI Number:** 20-4289827

**Certificate of Status Desired:** No

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

HARKINS, ELISIA  
2118 NE 40TH AVE.  
HOMESTEAD, FL 33033 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

**Officer/Director Detail :**

Title P  
Name HARKINS, ELISIA  
Address 3624 KALSMAN DRIVE, UNIT 1  
City-State-Zip: LOS ANGELES CA 90016

Title V  
Name JONES, CHARLES L  
Address 16911 SW 108 AVE  
City-State-Zip: MIAMI FL 33157

Title S  
Name JONES, ORA B  
Address 16911 SW 108 AVE  
City-State-Zip: MIAMI FL 33157

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELISIA HARKINS

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date