

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006810

**Entity Name:** HOUSE OF INDEPENDENCE, INC

**Current Principal Place of Business:**

6317 NW 1ST CT  
MIAMI, FL 33142

**Current Mailing Address:**

990 BIARRITZ DR  
APT 302  
MIAMIBEACH, FL 33141 US

**FEI Number:** 46-3648567

**Certificate of Status Desired:** No

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

BROWN, LAQUINDA  
990 BIARRITZ DR  
APT 302  
MIAMIBEACH, FL 33141 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 BROWN, LAQUINDA  
Address 10031 NW 26 AVE  
City-State-Zip: MIAMI FL 33147

Title ST  
Name HENDERSON, DONALD  
Address 590 SE 12 ST  
City-State-Zip: DANIA BEACH FL 33005

Title V  
Name JACQUES, YANIC  
Address 370 NW 87TH ST  
City-State-Zip: EL PORTAL FL 33150

Title O  
Name STORY-MARTIN, CHRISTINE  
Address 6460 SW 25TH ST  
City-State-Zip: MIRAMAR FL 33023

Title O  
Name MILLS, VANESSA  
Address 2400 NE 86 ST  
City-State-Zip: MIAMI FL 33147

*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:** LAQUINDA BROWN

**CEO**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date