

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007106

Entity Name: HEALING ARTS INSTITUTE OF SOUTH FLORIDA
INTERNATIONAL INC**FILED**
Feb 10, 2017
Secretary of State
CC6090994926**Current Principal Place of Business:**3890 W COMMERCIAL BLVD
SUITE 210
TAMARAC, FL 33309**Current Mailing Address:**3890 W COMMERCIAL BLVD
SUITE 210
TAMARAC, FL 33309 US**FEI Number: 47-4660407****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLARKE, CARREEN
2707 JAMAICA DRIVE
MIRAMAR, FL 33023 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	PRESIDENT
Name	REYNOLDS, M DAVID
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	VP
Name	WILLIAMS, JENNIFER
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	CEO
Name	CARTER-TENNIE, THELMA
Address	3900 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	TREASURER
Name	TENNIE, EDDIE
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	EXECUTIVE SECRETARY
Name	HAMILTON , JOHNNIYA
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	COMMUNITY LIAISON
Name	CHAMBERS , RENAE
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	BOARD MEMBER
Name	CHAMBERS, MAXWELL
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Title	BOARD MEMBER
Name	DANI, MOYE
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309

Continues on page 2

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: THELMA CARTER-TENNIE**CEO****02/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	BOARD MEMBER
Name	WASHINGTON, ANDREA
Address	3890 W COMMERCIAL BLVD SUITE 210
City-State-Zip:	TAMARAC FL 33309