

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

DOCUMENT# N16000007664

**Entity Name:** A'NAIYS CHARITIES, INC.**Current Principal Place of Business:**3350 S.W. 148TH AVENUE, SUITE 110  
MIRAMAR, FL 33027**Current Mailing Address:**P. O. BOX 277564  
MIRAMAR, FL 33027 US**FEI Number: 81-3504182****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCPHEE, LA'TRESE K  
3350 S.W. 148TH AVENUE, SUITE 110  
MIRAMAR, FL 33027 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	D
Name	WILLIAMS, KYRAH L
Address	3350 S.W. 148TH AVENUE, SUITE 110
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	MCPHEE, PAULETTE D
Address	3350 S.W. 148TH AVENUE, SUITE 110
City-State-Zip:	MIRAMAR FL 33027

Title	OTHER
Name	HARRELL, YVETTE
Address	3350 SW 148TH AVENUE 110
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	MCPHEE, LA'TRESE K
Address	3350 S.W. 148TH AVENUE, SUITE 110
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	WILSON, DIAN
Address	3350 SW 148TH AVENUE 110
City-State-Zip:	MIRAMAR FL 33027

*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: LA'TRESE K. MCPHEE****DIRECTOR****04/29/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date