

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001757

**Entity Name:** HARMONY HEIGHTS ADDITION COMMUNITY CENTER, INC.

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**6570963096CC**

**Current Principal Place of Business:**

4611 BARCELONA AVENUE  
FT PIERCE, FL 34946

**Current Mailing Address:**

PO BOX 1741  
FT PIERCE, FL 34954

**FEI Number: 65-0796117**

**Certificate of Status Desired: Yes**

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

BOWE, KENNETH  
2412 N 43RD ST  
FT PIERCE, FL 34946 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: KENNETH BOWE**

**04/29/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BOWE, KENNETH  
Address 2512 N 43RD ST  
City-State-Zip: FT PIERCE FL 34946

Title SD  
Name BENNETT, VIVIAN  
Address 2409 N 44TH STREET  
City-State-Zip: FT PIERCE FL 34946

Title VP  
Name LLOYD, HORACE  
Address 2405 N 49TH STREET  
City-State-Zip: FT PIERCE FL 34946

Title FINANCE SECRETARY  
Name MITCHELL, VERLEAN  
Address 4611 BARCELONA AVE  
City-State-Zip: FORT PIERCE FL

Title TREASURE  
Name DAVIS, MAMIE  
Address 4611 BARCELONA AVE  
City-State-Zip: FORT PIERCE FL

Title PAR  
Name SIMMONS, ANNIE  
Address 4611 BARCELONA AVE  
City-State-Zip: FORT PIERCE FL 34946

Title CHAPLAIN  
Name NEAL, ULYSSES  
Address 4611 BARCELONA AVE  
City-State-Zip: FORT PIERCE FL 34946

*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: KENNETH BOWE**

**PRESIDENT**

**04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date