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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766759 (5)
1. Corporation Name
THE HAVEN ASSOCIATION, INC.

Principal Place of Business Mailing Address
235 6TH ST. N.W. WINTER HAVEN FL 33881 **235 6TH ST. N.W. WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1983** 3a. Date of Last Report **04/26/1994**

4. FEI Number **06-1081275** Applied For Not Applicable

5. Certificate of Status Destroyed **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVE., THIRD FLOOR
SARASOTA FL 33578**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------------|
| TITLE | TD |
| NAME | ANDERSON, ETHEL |
| STREET ADDRESS | 235-6TH ST., N.W. #508 |
| CITY - ST - ZIP | WINTER HAVEN FL |
| TITLE | PD |
| NAME | SCHEMMER, RENATA |
| STREET ADDRESS | 235 6TH ST., NW #610 |
| CITY - ST - ZIP | WINTER HAVEN FL |
| TITLE | VD |
| NAME | PRETZIE, NANCY |
| STREET ADDRESS | 3918 CYPRESS LANDINGS N |
| CITY - ST - ZIP | WINTER HAVEN FL |
| TITLE | D |
| NAME | PARSONS, DEANNA |
| STREET ADDRESS | 4200 MAHOGANY BUN S.E. |
| CITY - ST - ZIP | WINTER HAVEN FL |
| TITLE | SD |
| NAME | VENEZIA, ARLENE |
| STREET ADDRESS | 235 6TH ST., N.W. #208 |
| CITY - ST - ZIP | WINTER HAVEN FL |
| TITLE | D |
| NAME | HILL, ELMER |
| STREET ADDRESS | 1211 W LAKE BUCKEYE DR NE |
| CITY - ST - ZIP | WINTER HAVEN FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Delete |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | D Tina Perry |
| 4.3 STREET ADDRESS | 724 Canberra Road, S. E. |
| 4.4 CITY - ST - ZIP | Winter Haven, FL |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | SD Arlen Strickland |
| 5.3 STREET ADDRESS | 235 - 6th St., N. W. # 112 |
| 5.4 CITY - ST - ZIP | Winter Haven, FL |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | VD |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this Annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Renata Schemper April 11, 1995 (813) 294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #