FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:58

DOCUMENT # 722522 (0)

1. Corporate Name

HAVEN COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
1899 2ND STREET N.W WINTER HAVEN FL 33881-2187	1899 2ND STREET N.W WINTER HAVEN FL 33881-2187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1972	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1529393	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 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 [X]	$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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMMS, LOU 402 LAUREL COVE WAY WINTER HAVEN FL 33884	81 Name: Johnson, Thelma 82 Street Address (P.O. Box Number is Not Acceptable): 560 Lake Maude Dr. NE 83 Winter Haven, FL 33881 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: *Thelma S. Johnson* Thelma Johnson 4/26/95

Signature, Typed or Printed Name of Registered Agent and Title if Applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD [X] Change ☐ Addition
NAME	SIMMS, LOU	1.2 NAME	Johnson, Thelma
STREET ADDRESS	402 LAUREL COVE WAY	1.3 STREET ADDRESS	560 Lake Maude Dr. NE
CITY ST ZIP	WINTER HAVEN FL	1.4 CITY ST ZIP	Winter Haven, FL 33881
TITLE	VD	2.1 TITLE	VD [X] Change ☐ Addition
NAME	JOHNSON, THELMA	2.2 NAME	Richardson, Charles
STREET ADDRESS	560 LAKE MAUDE DR, N.E.	2.3 STREET ADDRESS	12 Golfview Circle NE
CITY ST ZIP	WINTER HAVEN FL	2.4 CITY ST ZIP	Winter Haven, FL 33881
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, HATTIE	3.2 NAME	
STREET ADDRESS	105 SUNSET SHORE	3.3 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	3.4 CITY ST ZIP	
TITLE	SD	4.1 TITLE	SD [X] Change ☐ Addition
NAME	RICHARDSON, CHARLES	4.2 NAME	Barnes, Lewis
STREET ADDRESS	200 AVE K, SE #198	4.3 STREET ADDRESS	1615 Adamson Court
CITY ST ZIP	WINTER HAVEN FL	4.4 CITY ST ZIP	Polk City, FL 33868
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thelma S. Johnson* Thelma Johnson 4/26/95 813-293-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080634