

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **722522** (0)

1. Corporation Name

**HAVEN COMMUNITY CENTER, INC.**

Principal Place of Business

Mailing Address

**1699 2ND STREET N.W.  
WINTER HAVEN FL 33881-2187**

**1699 2ND STREET N.W.  
WINTER HAVEN FL 33881-2187**

3. Date Incorporated or Qualified  
**01/24/1972**

3a. Date of Last Report  
**05/01/1996**

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

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, THELMA  
560 LAKE MAUDE DR. N.E.  
WINTER HAVEN FL 33881**

81 Name **Charles Richardson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12 Golfview Circle Northeast**

83

84 City **Winter Haven**

FL

85 Zip Code  
**33881**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

  
Signature, typed or printed name of registered agent and title if applicable

**Charles Richardson, President**

(NOTE: Registered Agent signature required when reinstating)

**6/6/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **JOHNSON, THELMA**  
STREET ADDRESS **560 LAKE MAUDE DR. N.E.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VD** ☒ DELETE  
NAME **RICHARDSON, CHARLES**  
STREET ADDRESS **12 GOLFVIEW CIRCLE NE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TD** ☒ DELETE  
NAME **WILSON, HATTIE**  
STREET ADDRESS **105 SUNSET SHORE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **SD** ☒ DELETE  
NAME **BARNES, LEWIS**  
STREET ADDRESS **1615 ADAMSON COURT**  
CITY-ST-ZIP **POLK CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **President PD** ☒ Change ☐ Addition  
1.2 NAME **Charles Richardson**  
1.3 STREET ADDRESS **12 Golfview Circle N.E.**  
1.4 CITY-ST-ZIP **Winter Haven, FL 33881**

2.1 TITLE **Vice President VD** ☒ Change ☐ Addition  
2.2 NAME **Orbia Hill**  
2.3 STREET ADDRESS **918 Avenue T. N.E.**  
2.4 CITY-ST-ZIP **Winter Haven, FL 33881**

3.1 TITLE **2nd Vice President 2VD** ☒ Change ☐ Addition  
3.2 NAME **Thelma Johnson**  
3.3 STREET ADDRESS **560 Lake Maude Drive N.E.**  
3.4 CITY-ST-ZIP **Winter Haven, FL 33881-2542**

4.1 TITLE **Treasurer TD** ☒ Change ☐ Addition  
4.2 NAME **Theodosia Atkins**  
4.3 STREET ADDRESS **1649 Third Street N.W.**  
4.4 CITY-ST-ZIP **Winter Haven, FL 33880**

5.1 TITLE **Secretary SD** ☒ Change ☐ Addition  
5.2 NAME **Terry Hoosier**  
5.3 STREET ADDRESS **P.O. Box 2574 N/A**  
5.4 CITY-ST-ZIP **Winter Haven, FL 33881-2574**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

  
Signature, typed or printed name of registered agent and title if applicable

**6/6/97**

**(941) 297-1195**

CR2E037 (9/96)