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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722522 (0)
 1. Corporation Name
HAVEN COMMUNITY CENTER, INC.

Principal Place of Business 1899 2ND STREET N.W. WINTER HAVEN FL 33881-2187	Mailing Address 1899 2ND STREET N.W. WINTER HAVEN FL 33881-2187
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3. Date Incorporated or Qualified
01/24/1972

4. FEI Number 59-1529393	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RICHARDSON, CHARLES
 12 GOLFVIEW CIRCLE NORTHEAST
 WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name Hill, Jr. Orbia
82 Street Address (P.O. Box Number is Not Acceptable) 918 Avenue T, N.E.
83
84 City Winter Haven,
85 Zip Code FL 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: *Orbia E. Hill Jr.* DATE: **3/31/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RICHARDSON, CHARLES	1.1 TITLE President (D)	1.2 NAME Hill, Jr. Orbia
STREET ADDRESS 12 GOLFVIEW CIRCLE NE	CITY-ST-ZIP WINTER HAVEN FL	1.3 STREET ADDRESS 918 Avenue T, N.E.	1.4 CITY-ST-ZIP Winter Haven, FL 33881
TITLE VD	NAME HILL, ORBIA	2.1 TITLE First Vice President (D)	2.2 NAME Johnson, Thelma
STREET ADDRESS 918 AVENUE T. N.E.	CITY-ST-ZIP WINTER HAVEN FL	2.3 STREET ADDRESS 360 Lake Maude Drive	2.4 CITY-ST-ZIP Winter Haven, FL 33881
TITLE VP	NAME JOHNSON, THELMA	3.1 TITLE	3.2 NAME
STREET ADDRESS 560 LAKE MAUDE DRIVE N.E.	CITY-ST-ZIP WINTER HAVEN FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE TD	NAME ATKINS, THEODOSIA	4.1 TITLE Treasurer (D)	4.2 NAME Atkins, Theodosia
STREET ADDRESS 1649 THIRD ST N.W.	CITY-ST-ZIP WINTER HAVEN FL	4.3 STREET ADDRESS 76 Winter Ridge Road	4.4 CITY-ST-ZIP Winter Haven, FL 33880
TITLE SD	NAME HOOSIER, TERRY	5.1 TITLE Secretary (D)	5.2 NAME Darby, Adrienne
STREET ADDRESS P.O BOX 2574 N/A	CITY-ST-ZIP WINTER HAVEN FL	5.3 STREET ADDRESS 1311 Cambridge Square	5.4 CITY-ST-ZIP Winter Haven, FL 33881
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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: *Orbia E. Hill Jr.* (941) 294-6837

CR2E037 (10/97)