

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722522

1. Entity Name

HAVEN COMMUNITY CENTER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90049 015 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1529393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, JR. ORBIA
918 AVENUE T, N.E.
WINTER HAVEN FL 33881

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENE, ORA	
STREET ADDRESS	2006 9TH ST NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	FVPD	<input type="checkbox"/> Delete
NAME	JOHNSON, THELMA	
STREET ADDRESS	560 LAKE MAUDE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, ALFREDA	
STREET ADDRESS	903 AVE T NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ATKINS, THEODOSIA	
STREET ADDRESS	76 WINTER RIDGE ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DARBY, ADRIENNE	
STREET ADDRESS	1311 CAMBRIDGE SQUARE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

Date

863-294-6837

Daytime Phone #

CR2E037 (9/99)