

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 722522**

1. Entity Name

HAVEN COMMUNITY CENTER, INC.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90115 016 ****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

Zip

Country

Zip

Country

4. FEI Number

59-1529393

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

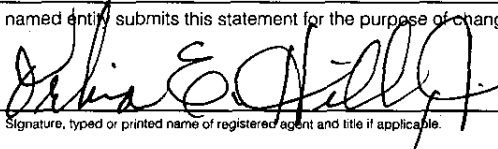
City

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

1/11/01**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FVPD	<input type="checkbox"/> Delete
NAME	JOHNSON, THELMA	
STREET ADDRESS	560 LAKE MAUDE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

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

TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, ALFREDA	
STREET ADDRESS	903 AVE T NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ATKINS, THEODOSIA	
STREET ADDRESS	76 WINTER RIDGE ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

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

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

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		

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

Date

1/11/01

Daytime Phone #

863-294-6837

CR2E037 (10/00)