

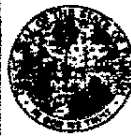
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 722522

1. Entity 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



04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1529393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAVEN COMMUNITY CENTER BOARD OF DIRECTORS
1899 SECOND STREET NW
WINTER HAVEN, FL 33881

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ora H. Greene President of Board 4/18/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREENE, ORA
STREET ADDRESS 2008 9TH ST NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE FVPD
NAME JOHNSON, THELMA
STREET ADDRESS 560 LAKE MAUDE DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME LEONARD, WILLIAM
STREET ADDRESS 1079 AVENUE O NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE T
NAME GEATHERS, JUANITA
STREET ADDRESS 322 AVENUE O SW
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE SD
NAME QUISENBERRY, MARIAN
STREET ADDRESS 1820 SAN SALVADOR COURT
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000530852
05/06/06-80016-001 61.29

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ora H. Greene Ora H. Greene 4/18/06 863-294-6837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #