


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2007 8:00 am
Secretary of State

04-20-2007 90095 049 ****61.25

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
--	--

DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1529393	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent ORA H. GREENE HAVEN COMMUNITY CENTER BOARD OF DIRECTORS 1899 SECOND STREET NW WINTER HAVEN, FL 33881
--

**DO NOT WRITE
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 Mia Puente <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Mia Puente 5/14/07 <small>(NOTE: Registered Agent signature required when resigning) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, ORA 2008 9TH ST NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD JOHNSON, THELMA 580 LAKE MAUDE DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, WILLIAM 1079 AVENUE O NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEATHERS, JUANITA 322 AVENUE O SW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUISENBERRY, MARIAN 1820 SAN SALVADOR COURT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.
--

ORA H. GREENE