2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 722522

Entity Name: HAVEN COMMUNITY CENTER, INC.

Current Principal Place of Business:

1899 2ND STREET N.W.
WINTER HAVEN, FL 338812187

New Principal Place of Business:

Current Mailing Address:

1899 2ND STREET N.W.
WINTER HAVEN, FL 338812187

New Mailing Address:

FEI Number: 59-1529393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, ORA H
1899 SECOND STREET NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GREENE, ORA
Address: 2006 9TH ST NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete
Name: DOLE, BETTY
Address: P.O. BOX 3813
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: LEONARD, WILLIAM
Address: 1079 AVENUE O NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: JOHNSON, THELMA
Address: 560 LAKE MAUDE DRIVE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD ( ) Delete
Name: ROUSEFF, JUNE
Address: 298 HERNANDO ROAD SE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GREENE, ORA H
Address: 2006 9TH ST NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: JOHNSON, THELMA
Address: 560 SEARS AVENUE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORA H. GREENE PD 03/31/2009
Electronic Signature of Signing Officer or Director — Date