

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90451 014 ****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**

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 **Haven Community Center Board of Directors**

Street Address (P.O. Box Number is Not Acceptable)
1899 Second Street NW

City **Winter Haven** **FL** Zip Code **33881**

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 **Orla H. Greene, President - Board of Directors** **April 17, 2003**
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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GREENE, ORA**
STREET ADDRESS **2006 9TH ST NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **DARBY, ADRIENNE**
STREET ADDRESS **1311 CAMBRIDGE SQUARE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **William Leonard (Director)** ☐ Delete
NAME **1079 Avenue O NE**
STREET ADDRESS **Winter Haven FL 33881**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME **Juanita Geathers**
STREET ADDRESS **322 Avenue O SW**
CITY-ST-ZIP **Winter Haven FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary - Director** ☐ Delete
NAME **Marian Quisenberry**
STREET ADDRESS **1820 San Salvador Court**
CITY-ST-ZIP **Winter Haven FL 33881**

TITLE ☐ Change ☐ 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: **Orla H. Greene, President - Board of Directors - April 17, 2003**

CR2E037 (10/02)