


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 743391	
1. Entity Name CARVER HEIGHTS SENIOR CITIZENS INCORPORATED	

Principal Place of Business 407 SW FOURTH ST HAVANA FL 32333 US	Mailing Address P.O. BOX 2506 HAVANA FL 32333 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent NORWOOD, DONALD E 308 RED FERN ROAD HAVANA FL 32333	
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4. FEI Number 59-0285460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S MOORE, BETTYE 903 SW THIRD ST HAVANA FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D NORWOOD, DONALD E 308 RED FERN ROAD HAVANA FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D BYRD, MACK 4TH STREET S.E. HAVANA FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D PRICE, CHARLOTTE 49 MITCHELL ST. HAVANA FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P YOUNG, MARGIE 297 MITCHELL ST. HAVANA FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VP MCGILL, SHIRLEY 512 CONYERS ST. HAVANA FL 32333

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000000065854 02/25/04-80054-008 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Betty J. Moore</i> SIGNATURE: <i>Betty J. Moore</i>	7 Feb. 24-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>