

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 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



06122006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-0285460

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORWOOD, DONALD E  
308 RED FERN ROAD  
HAVANA, FL 32333

**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

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000567206  
06/15/06-80001-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MOORE, BETTYE
STREET ADDRESS	903 SW THIRD ST
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	NORWOOD, DONALD E
STREET ADDRESS	308 RED FERN ROAD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	BYRD, MACK
STREET ADDRESS	4TH STREET S.E.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	PRICE, CHARLOTTE
STREET ADDRESS	49 MITCHELL ST.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	P
NAME	YOUNG, MARGIE
STREET ADDRESS	297 MITCHELL ST.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	VP
NAME	MCGILL, SHIRLEY
STREET ADDRESS	512 CONYERS ST.
CITY-ST-ZIP	HAVANA, FL 32333

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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.

**SIGNATURE:**

*Betty J. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-13-06

Date

Daytime Phone #