2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 743391

Entity Name: CARVER HEIGHTS SENIOR CITIZENS INCORPORATED

Current Principal Place of Business:

407 SW FOURTH ST
HAVANA, FL 32333 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2506
HAVANA, FL 32333 US

New Mailing Address:

FEI Number: 59-0285460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORWOOD, DONALD E
308 RED FERN ROAD
HAVANA, FL 32333 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: S ( ) Delete
Name: CHAMBERS, ELLA
Address: 629 GIBSON ROAD
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: NORWOOD, DONALD E
Address: 308 RED FERN ROAD
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: BYRD, MACK
Address: 4TH STREET S.E.
City-St-Zip: HAVANA, FL 32333

Title: V ( ) Delete
Name: BOWERS, LUELLA
Address: P.O. BOX 936
City-St-Zip: QUINCY, FL 32351

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change ( ) Addition
Name: BOWERS, LUELLA
Address: P.O. BOX 936
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Change (X) Addition
Name: KEMP, BERTHA
Address: 129 TYRE ROAD
City-St-Zip: HAVANA, FL 32333 US

Title: D ( ) Change (X) Addition
Name: JACKSON, CARL
Address: 903 SOUTH MAIN STREET
City-St-Zip: HAVANA, FL 32333 US

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: DONALD NORWOOD D 04/30/2009

Electronic Signature of Signing Officer or Director — Date