
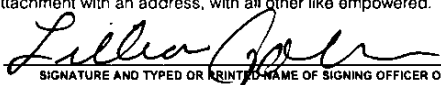


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000784 1. Entity Name HAVANA COMMUNITY TECHNOLOGY & LEARNING CENTER, INC.					
Principal Place of Business 7858 HAVANA HWY HAVANA, FL 32333 US			Mailing Address 7858 HAVANA HWY HAVANA, FL 32333 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 73-1685676	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEARE, NIKKI 7858 HAVANA HWY HAVANA, FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				8052008 Chg-NP CR2E037 (12/06)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JOHNSON, LILLIAN 7858 HAVANA HWY HAVANA, FL 32333 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000134457390 08/14/08--01007--006 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BEARE, NIKKI 7858 HAVANA HWY HAVANA, FL 32333 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CRAIG 7858 HAVANA HWY HAVANA, FL 32333 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

FILED

08 AUG -5 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052008 Chg-NP CR2E037 (12/06)

4. FEI Number
73-1685676

5. Certificate of Status Desired ☐ \$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

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 12, 2008**

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Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
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CITY-ST-ZIP

**PDS
JOHNSON, LILLIAN
7858 HAVANA HWY
HAVANA, FL 32333**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**VPT
BEARE, NIKKI
7858 HAVANA HWY
HAVANA, FL 32333**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BROWN, CRAIG
7858 HAVANA HWY
HAVANA, FL 32333**

☐ Delete

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CITY-ST-ZIP

**000134457390
08/14/08--01007--006 **61.25**

☐ Change ☐ Addition

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #