



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002616 1. Entity Name HAVANA HISTORICAL SOCIETY, INC.						FILED 05 MAR 21 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 107 7TH ST. NE HAVANA, FL 32333				Mailing Address PO BOX 2362 HAVANA, FL 32333			
2. Principal Place of Business 107-74 ST. NE		3. Mailing Address P.O. Box 2362					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Havana		City & State Havana		4. FEI Number 59-3625104		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32333		Country Cuba		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03112005 Chg-NP CR2E037 (10/03)	
City & State Havana		City & State Havana		6. Name and Address of Current Registered Agent STEPHENS, ALPHIA H 107 7TH STREET, NE HAVANA, FL 32333			
7. Name and Address of New Registered Agent Name Alpha H. Stephens Street Address (P.O. Box Number is Not Acceptable) 107-74 ST NE City Havana FL Zip Code 32333				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 Alpha H. Stephens <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>				DATE 3-21-05			
Filing Fee is \$61.25 Due by May 1, 2005				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	P STEPHENS, ALPHIA H 107 7TH STREET, NE 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	VP SCHENKER, SANDI B 303 FIRST ST. N 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	S 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	H SPOONER, BILL 100 LIVE OAK LANE 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	BM BERT, NICK 103 W. 7TH STREET 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	AT STEPHENS, ALPHIA H 107 7TH ST. NE HAVANA, FL 32333 <input type="checkbox"/> Delete			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: Alpha H. Stephens <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-21-05 Daytime Phone # 850-539-6250			