

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

06 APR 28 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002616

1. Entity Name

HAVANA HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

~~107 7TH ST. NE  
HAVANA FL 32333~~

*1114 Magnolia Dr  
Quincy, FL 32351*

PO BOX 2362  
HAVANA FL 32333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3625104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, ALPHIA H

~~107 7TH STREET NE~~

~~HAVANA FL 32333~~

*1114 Magnolia Dr  
Quincy, FL 32351*

Name

Street Address (P.O. Box Number is Not Acceptable)

*1114 Magnolia Dr  
Quincy, FL 32351*

FL

Zip Code

32351

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

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 P ☐ Delete  
NAME STEPHENS, ALPHIA H  
STREET ADDRESS 107 7TH STREET, NE  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☒ Addition  
NAME *Alpha H. Stephens*  
STREET ADDRESS *1114 Magnolia Dr*  
CITY-ST-ZIP *Quincy, FL 32351*

TITLE ☐ Delete  
NAME SCHENKER, SANDI B  
STREET ADDRESS 303 FIRST ST. N  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☒ Addition  
NAME *V.P. George G. Kamp*  
STREET ADDRESS *P.O. Box 744*  
CITY-ST-ZIP *Havana, FL 32333*

TITLE S ☐ Delete  
NAME BEARE, NIKKI  
STREET ADDRESS 7858 HAVANA HWY.  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☒ Addition  
NAME *B.M. Mary Lou Murphy*  
STREET ADDRESS *301 Live Oak Lane*  
CITY-ST-ZIP *Havana, FL 32333*

TITLE H ☐ Delete  
NAME SPOONER, BILL  
STREET ADDRESS 100 LIVE OAK LANE  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☒ Addition  
NAME *B.M. Marjorie Morgan*  
STREET ADDRESS *Live Oak Ln*  
CITY-ST-ZIP *Havana, FL 32333*

TITLE BM ☐ Delete  
NAME BERT, NICK  
STREET ADDRESS 103 W. 7TH STREET  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT ☐ Delete  
NAME STEPHENS, ALPHIA H  
STREET ADDRESS ~~107 7TH ST NE~~ *1114 Magnolia Dr*  
CITY-ST-ZIP ~~HAVANA FL 32333~~ *Quincy, FL 32351*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Alpha H. Stephens*

*4/28/06*