

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002616

1. Entity Name
HAVANA HISTORICAL SOCIETY, INC.



Principal Place of Business
1114 MAGNOLIA DR
QUINCY, FL 32351

Mailing Address
PO BOX 2362
HAVANA, FL 32333

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007

Chg-NP

CR2E037 (12/06)

07

City & State

City & State

4. FEI Number
59-3625104

Applied For
Not Applicable

Zip

Country

Zip

Country

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
114 MAGNOLIA DR
QUINCY, FL 32351

Name

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

City

FL

Zip Code

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 May 1, 2007

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
NAME STEPHENS, ALPHIA H ☐ Delete
STREET ADDRESS 1114 MAGNOLIA DR
CITY-ST-ZIP HAVANA, FL 32333 QUINCY, FL 32351

TITLE J.P.
NAME George Kemp ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 740
CITY-ST-ZIP Havana, FL 32333

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300102317903
05/14/07--01013--017 **\$61.25

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

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

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

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

TITLE AT
NAME STEPHENS, ALPHIA H ☐ Delete
STREET ADDRESS 114 MAGNOLIA DR
CITY-ST-ZIP QUINCY, FL 32333

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

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:

Alphia H Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 850 627-4244

Date

Daytime Phone #