

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000002616

1. Entity Name

HAVANA HISTORICAL SOCIETY, INC.



FILED

2008 APR 30 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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
~~114 MAGNOLIA DR~~
QUINCY FL 32351

1114 S. Magnolia Dr.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENS, ALPHIA H	
STREET ADDRESS	1114 MAGNOLIS DRIVE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHENKER, SANDI B	
STREET ADDRESS	303 FIRST ST.N	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEARE, NIKKI	
STREET ADDRESS	7858 HAVANA HWY.	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	H	<input checked="" type="checkbox"/> Delete
NAME	SPOONER, BILL	
STREET ADDRESS	100 LIVE OAK LANE	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BERT, NICK	
STREET ADDRESS	103 W. 7TH STREET	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	AT Reg agent	<input type="checkbox"/> Delete
NAME	STEPHENS, ALPHIA H	
STREET ADDRESS	114 MAGNOLIA DR <i>1114 S. Magnolia Dr.</i>	
CITY-ST-ZIP	QUINCY FL 32333	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Off Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Alphie Stephens</i>	
STREET ADDRESS	<i>1114 S. Magnolia Dr.</i>	
CITY-ST-ZIP	<i>Quincy, FL 32351</i>	
TITLE	<i>vice Pres</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>George Kemp</i>	
STREET ADDRESS	<i>P.O. Box 744</i>	
CITY-ST-ZIP	<i>Havana, FL 32333</i>	
TITLE	<i>506123442687</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>04758788-01049-029</i>	
STREET ADDRESS	<i>***61.25</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alphie H. Stephens

627-4244