

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90097 026 ****61.25

DOCUMENT # N02000002347

1. Entity Name

THE COMMITTEE TO PRESERVE THE LEGACY OF
HAVANA NORTHSIDE HIGH SCHOOL, INC.



Principal Place of Business

C/O IRA GALVIN
POST OFFICE BOX 14
QUINCY FL 32351

Mailing Address

C/O IRA GALVIN
POST OFFICE BOX 14
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

AP-PLIED FOR

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

MCGILL, WILLIAM A
828 ST. JOHN CHURCH ROAD
MIDWAY FL 32343

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, 2004**

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 C ☐ Delete
NAME HENDERSON, HAROLD J
STREET ADDRESS 9778 FLORIDA-GEORIGIA HIGHWAY
CITY-ST-ZIP HAVANA FL 32333

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

TITLE VC ☐ Delete
NAME ROSS, VERNELL
STREET ADDRESS P.O. BOX 902
CITY-ST-ZIP HAVANA FL 32333

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

TITLE S ☐ Delete
NAME JAMES, NORA D
STREET ADDRESS 86 RED FERN COURT
CITY-ST-ZIP HAVANA FL 32333-4416

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

TITLE M ☐ Delete
NAME LEWIS, AUDREY
STREET ADDRESS 303 ST JOHN CHURCH ROAD
CITY-ST-ZIP HAVANA FL 32333

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

TITLE I ☐ Delete
NAME GALVIN, IRA
STREET ADDRESS P.O. BOX 14
CITY-ST-ZIP QUINCY FL 32351

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

TITLE M ☐ Delete
NAME MOORE, PHYLLIS
STREET ADDRESS 402 GLADE ROAD
CITY-ST-ZIP HAVANA FL 32333

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 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:

IRA V. GALVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 (850) 627-8349