

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-23-2005 90038 037 ****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

66011189



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

40 IRA GALVIN
Suite, Apt. #, etc.
P.O. Box 14

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy FL

Zip

32351

Country

GABEDEN

Zip

32351

Country

GABEDEN

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: IRA V GALVIN
Street Address (P.O. Box Number is Not Acceptable)
542 N. JACKSON ST.
City: Quincy 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

Ira V. Galvin

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, 2005

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: C
NAME: HENDERSON, HAROLD J
STREET ADDRESS: 9778 FLORIDA-GEORGIA HIGHWAY
CITY-ST-ZIP: HAVANA FL 32333

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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 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 Ira V. Galvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-18-05

Daytime Phone

850-622-8344

ATTACHMENT

Internal Revenue Service
Director, EO Rulings & Agreements
P.O. Box 2508
Cincinnati, OH 45201

66011189
#N02000002347

Department of the Treasury

Employer Identification Number:

~~50-0001792~~

Document Locator Number:

17053-150-01404-2

Toll Free Number: 877-829-5500

FAX Number: 513-263-3756

Application Form: 1023

User Fee Paid: \$500.00

Date: May 30, 2002

THE } COMMITTEE TO PRESERVE THE LEGACY OF
HAVANA NORTHSIDE HIGH
9778 FLORIDA-GEORGIA HWY
HAVANA, FL 32333

Acknowledgement of Your Request

We received your application for exemption from federal income tax. When communicating with us, please refer to the employer identification number and document locator number shown above.

What Happens Next?

Your application was entered into our computer system at our processing center in Covington, Kentucky, and has been sent to our Cincinnati office for initial review. We approve some applications based on this review. If this is the case, you will receive a letter stating that you are exempt from federal income tax.

If the initial review indicates that additional information or changes are necessary, your application will be assigned to an Exempt Organization Specialist who will call or write you. We assign applications in the order we receive them.

If the additional information indicates that you qualify for exemption, you will receive a letter stating that you are exempt from federal income tax. If you do not qualify for exemption, we will send you a letter telling you why we believe you do not qualify and will include a complete explanation of your appeal rights.

The IRS does not issue "tax exempt numbers" or "tax exempt certificates" for state or local sales or income taxes. If you need exemption from these taxes, contact your state or local tax offices.

How long will this process take?

Normally, you may expect to hear from us within 120 days. If you do not, call our toll free number between the hours of 8 a.m. and 6:30 p.m. Eastern Time. Please have your identification numbers available so that we can identify your application. If you would rather write than call, please include a copy of this notice with your correspondence.



DEPARTMENT
OF REVENUE
Jim Zingale
Executive Director

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0100
1-800-482-8293

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

ATTACHMENT

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N02000002347

Document ID: UCSFL30R

Mailed On or Before: 09/25/2002

NOTICE OF POTENTIAL LIABILITY

PHEN: 50-000172

THE COMMITTEE TO PRESERVE THE LEGAC
9778 FLORIDA-GEORGIA
HAVANA, FL 32333

You were recently assigned the Federal Employer Identification Number
shown above.

If you have any employees in Florida, you may be liable under the
Unemployment Compensation Law if you meet any of the following criteria:

- * You have a \$1500 quarterly payroll or at least one worker for twenty (20) weeks in a calendar year. Corporate officers performing services are considered employees (includes S corporations).
- * You have a 501 (c) (3) IRS exemption with four (4) or more workers for twenty (20) weeks in a calendar year (Churches and church owned organizations are exempt).
- * You are an agricultural employer with a \$10,000 quarterly payroll or twenty (20) weeks in the year with five (5) or more workers.
- * You paid \$1000 in a quarter for domestic services in your private home or college club.
- * You are liable for federal unemployment taxes.

Please complete and return this form to the address shown above or you may call the telephone number also shown above. Registration forms may also be obtained at our www.myflorida.com/dor/forms website.

Date of first employment _____

Quarterly payroll _____

If none of the above criteria has been met, no response is necessary at this time.

Central Registration-UT