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

## **Secretary of State** DOCUMENT # N02000002347 03-27-2006 90277 036 \*\*\*\*61.25 1. Entity Name THE COMMITTEE TO PRESERVE THE LEGACY OF HAVANA NORTHSIDE HIGH SCHOOL, INC. Principal Place of Business Mailing Address 20006065 C/O IRA GALVIN POST OFFICE BOX 14 QUINCY FL 32351 C/O IRA GALVIN POST OFFICE BOX 14 **QUINCY FL 32351** 2. Principal Place of Business 3. Mailing Address P.U. BUX 14 BYANE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 50-0001795 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Gadsden Gadsden Fee Required 32351 3 63 51 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALVIN, IRA V. Street Address (P.O. Box Number is Not Acceptable) 542 N. JACKSON STREET QUINCY FL 32351 City 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 rugisfered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITE F Change ☐ Addition James, Bruce HENDERSON, HAROLD J NAME NAME 9778 FLORIDA-GEORGIA HIGHWAY STREET ADDRESS STREET ADDRESS 705 East Planter St. HAVANA FL 32333 CITY-ST-ZIP CITY-ST-ZIP Bainbridge 64. 39817 VC TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROSS, VERNELL NAME P.O. BOX 902 STREET ADORESS STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP CITY-ST-ZIP Diffe Delete TITLE Change ☐ Addition JAMES, NORA D NAME NAME STREET ADDRESS 86 RED FERN COURT STREET ADDRESS HAVANA FL 32333-4416 CITY-ST-7(P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME LEWIS, AUDREY NAME 303 ST. JOHN CHURCH ROAD STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition GALVIN, IRA NAME NAME P. O. BOX 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUINCY FL 32351 CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change MOORE, PHYLLIS NAME 402 GLADE ROAD STREET ADDRESS STREET ADDRESS

**FILED** 

Mar 27, 2006 8:00 am

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.

CITY-ST-7IP

HAVANA FL 32333

CITY-ST-7IP