

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

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90052 038 \*\*\*\*61.25

<b>DOCUMENT # N02000002347</b>					
<b>1. Entity Name</b> THE COMMITTEE TO PRESERVE THE LEGACY OF HAVANA NORTHSIDE HIGH SCHOOL, INC.					
<b>Principal Place of Business</b> C/O IRA GALVIN POST OFFICE BOX 14 QUINCY FL 32351			<b>Mailing Address</b> C/O IRA GALVIN POST OFFICE BOX 14 QUINCY FL 32351		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 50-0001795	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GALVIN, IRA V. 542 N. JACKSON STREET QUINCY FL 32351			<b>7. Name and Address of New Registered Agent</b> Name <u>AMY McBride</u> Street Address (P.O. Box Number is Not Acceptable) <u>737 SCHWALL RD.</u> City <u>HAVANA</u> <u>FL</u> Zip Code <u>32333</u>		
<b>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.</b>  SIGNATURE <u>Amy McBride</u> DATE <u>4.8.2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> BRUCE, JAMES <b>STREET ADDRESS</b> 705 E PLANTER ST <b>CITY - ST - ZIP</b> BAINBRIDGE GA 39817	<input type="checkbox"/> Delete		<b>TITLE</b> M <b>NAME</b> McBride, Amy <b>STREET ADDRESS</b> 737 Schwall Rd. <b>CITY - ST - ZIP</b> HAVANA FL, 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VC <b>NAME</b> ROSS, VERNELL <b>STREET ADDRESS</b> P.O. BOX 902 <b>CITY - ST - ZIP</b> HAVANA FL 32333	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> JAMES, NORA D <b>STREET ADDRESS</b> 86 RED FERN COURT <b>CITY - ST - ZIP</b> HAVANA FL 32333-4416	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> M <b>NAME</b> LEWIS, AUDREY <b>STREET ADDRESS</b> 303 ST. JOHN CHURCH ROAD <b>CITY - ST - ZIP</b> HAVANA FL 32333	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GALVIN, IRA <b>STREET ADDRESS</b> P. O. BOX 14 <b>CITY - ST - ZIP</b> QUINCY FL 32351	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> M <b>NAME</b> MOORE, PHYLLIS <b>STREET ADDRESS</b> 402 GLADE ROAD <b>CITY - ST - ZIP</b> HAVANA FL 32333	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:** Ira Galvin 4-8-08 (850) 627-8349