## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008755

Entity Name: MID-FLORIDA HAVANESE CLUB, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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638 DAVINCI PASS POINCIANA, FL 34759

Current Mailing Address: New Mailing Address:

638 DAVINCI PASS POINCIANA, FL 34759

FEI Number: 20-5397879 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VICS, JOHN 638 DAVINCI PASS POINCIANA, FL 34759 US

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.

SIGNATURE:

Name:

Address:

City-St-Zip:

Floatronic Signature of Pogistared Agent

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

 Title:
 PRES
 ( ) Delete
 Title:
 PRES
 ( X) Change ( ) Addition

 Name:
 NACHMAN, DIANE
 Name:
 FIELD, CONNIE

 Address:
 PO BOX 521960
 Address:
 12402 PONY COURT

 City-St-Zip:
 LONGWOOD, FL 32752
 City-St-Zip:
 TAMPA, FL 33626

 Title:
 VP () Delete
 Title:
 VP (X) Change () Addition

 Name:
 FIELD, CONNIE
 Name:
 NACHMAN, DIANE

 Address:
 12402 PONY COURT
 Address:
 PO BOX 521960

Address: 12402 PONY COURT Address: PO BOX 521960

City-St-Zip: TAMPA, FL 33626 City-St-Zip: LONGWOOD, FL 32752

Title: SECY ( ) Delete Title: SECY (X) Change ( ) Addition Name: BIRDSALL, JANET Name: CROFTON, PAULINE

 Name
 Dirich Salt, Jane I
 Name
 Cror ron, Paoline

 Address:
 18150 SE 20TH PLACE
 Address:
 19469 SEAVIEW ST

 City-St-Zip:
 SILVER SPRINGS, FL 34488
 City-St-Zip:
 ORLANDO, FL 32833

Title: TRES ( ) Delete Title: ( ) Change ( ) Addition

VICS, JOHN Name:
638 DAVINCI PASS Address:
POINCIANA, FL 34759 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN VICS T 04/30/2008