

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008322

FILED
Jan 08, 2009
Secretary of State

Entity Name: HAVANA MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

312 1ST NW STREET
HAVANA, FL 32333

New Principal Place of Business:

805 NE 1ST STREET
HAVANA, FL 32333

Current Mailing Address:

P.O. BOX 666
HAVANA, FL 32333

New Mailing Address:

805 NE 1ST STREET
HAVANA, FL 32333

FEI Number: 59-3144357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, TERRI L
312 1ST NW STREET
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

LAUTHER, BOB A
805 NE 1ST STREET
HAVANA, FL 32333 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: BOB LAUTHER

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAUL, TERRI L
Address: 312 1ST NW STREET
City-St-Zip: HAVANA, FL 32333

Title: VP () Delete
Name: LAUTHER, ROBERT A
Address: 805 NE 1ST STREET
City-St-Zip: HAVANA, FL 32333

Title: SEC () Delete
Name: LANTZ, TERRI
Address: 208 1ST NW STREET
City-St-Zip: HAVANA, FL 32333

Title: TREA () Delete
Name: MOORE, CHERYL
Address: 107 W. 7TH AVENUE
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLUM, JAMES
Address: PO BOX 863
City-St-Zip: HAVANA, FL 32333

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BOB LAUTHER

V/P

01/08/2009

Electronic Signature of Signing Officer or Director

Date