2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# N09000002250

Entity Name: HAVANA COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

917 SCHWALL ROAD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

917 SCHWALL ROAD
HAVANA, FL 32333

New Mailing Address:

POB 2374
HAVANA, FL 32333

FEI Number: 30-0598145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCBRIDE, AMY
917 SCHWALL ROAD
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOP
Name: MCBRIDE, AMY
Address: 917 SCHWALL ROAD
City-St-Zip: HAVANA, FL 32333

Title: MD
Name: KNOWLES, HAROLD
Address: 3065 HIGHLAND OAKS TERRACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD
Name: BUTLER, WILBERT JR
Address: 2993 ADIRON WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD
Name: RICHARDSON, FERT
Address: 3894 WALT STEPHENS RD
City-St-Zip: STOCKRIDGE, GA 30281

Title: TD
Name: ROBINSON, KENNETH
Address: 315 CONYERS ST
City-St-Zip: HAVANA, FL 32333

Title: TD
Name: MAJEED, NA'IM
Address: 210 GEORGIA ST
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: AMY MCBRIDE CEOP 04/30/2010
Electronic Signature of Signing Officer or Director Date