FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27430

1. Corporation Name

Havana Concerned Citizens, Inc.
Rte 4 Box 654 Havana, Florida 32333-0801

Principal Place of Business	Mailing Address
% Jacklyn Pittman Rte 4 Box 654 Havana, Florida 32333	% Jacklyn Pittman Rte 4 Box 654 Havana, Florida 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07-14-1988
3a. Date of Last Report: 04-28-1994
4. FEI Number: 59-2984456 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Radel, Lanette H.
201 Third St. NE
Havana, Fl. 32333

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 500001473555 -05/03/95--01108--017 *****61.25 *****70.00
84 City FL Zip 25

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	President	☒ Change ☐ Addition
NAME		12 NAME	Jacklyn Pittman	
STREET ADDRESS		13 STREET ADDRESS	Rte 4, Box 654	
CITY-ST-ZIP		14 CITY-ST-ZIP	Havana, Fl 32333	
TITLE		21 TITLE	Secretary	☒ Change ☐ Addition
NAME		22 NAME	Teresa Conway	
STREET ADDRESS		23 STREET ADDRESS	412 SE 3rd Street	
CITY-ST-ZIP		24 CITY-ST-ZIP	Havana, Fl 32333	
TITLE		31 TITLE	Treasurer	☒ Change ☐ Addition
NAME		32 NAME	Elizabeth Coxen	
STREET ADDRESS		33 STREET ADDRESS	Rte 3 Box 430-C	
CITY-ST-ZIP		34 CITY-ST-ZIP	Havana, Fl 32333	
TITLE		41 TITLE	Director	☒ Change ☐ Addition
NAME		42 NAME	Gail Baxley	
STREET ADDRESS		43 STREET ADDRESS	Highway 159 ; Havana, Fl 32333	
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☒ Change ☐ Addition
NAME		52 NAME	Director	
STREET ADDRESS		53 STREET ADDRESS	Mary Bryant n/a	
CITY-ST-ZIP		54 CITY-ST-ZIP	P.O. Box 428; Havana, Fl 32333	
TITLE		61 TITLE	Director	☒ Change ☐ Addition
NAME		62 NAME	Helen Williams	
STREET ADDRESS		63 STREET ADDRESS	313 Short Ave	
CITY-ST-ZIP		64 CITY-ST-ZIP	Havana, Fl 32333	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth J. Coxen 04-24-95 (904) 487-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #