

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002500 (7)

1. Corporation Name

HISTORIC WINTER HAVEN, INC.



Principal Place of Business

1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

Mailing Address

1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

3. Date Incorporated or Qualified

06/03/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3294479

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GERNERT, BOB JR
1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

HOWELL, JUDY
11 HICKORY WAY
WINTER HAVEN FL 33881

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

CLEAVES, JUDY B
503 LAKE MARIAM TERR
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

PATCHEN, BILL
706 AVENUE K SE
WINTER HAVEN FL 33880

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

GERNERT, BOB JR
1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD

STRAUGHN, JOHN
410 FIRST ST S
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD

GERNERT, MELEA
1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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: Melea G. Gernert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/96

Daytime Phone #

941-294-1840

CR2E037 (12/95)