

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2004  
Secretary of State**

DOCUMENT# N93000002500

Entity Name: HISTORIC WINTER HAVEN, INC.

**Current Principal Place of Business:**

660 POPE AVE, NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1333  
WINTER HAVEN, FL 338831533

**New Mailing Address:**

FEI Number: 59-3294479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GERNERT, BOB JR  
1433 N LAKE HOWARD DR  
WINTER HAVEN, FL 33881      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: D      ( ) Delete  
Name: HOWELL, JUDY  
Address: 11 HICKORY WAY  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D      ( ) Delete  
Name: CLEAVES, JUDY B  
Address: 503 LAKE MARIAM TERR  
City-St-Zip: WINTER HAVEN, FL

Title: T      ( ) Delete  
Name: CAMPBELL, ROBERT  
Address: 4407 BURLINGTON DR.  
City-St-Zip: WINTER HAVEN, FL

Title: PD      ( ) Delete  
Name: GERNERT, BOB JR  
Address: 1433 N LAKE HOWARD DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D      ( ) Delete  
Name: JONES, GLENDA  
Address: 608 AVE S NE  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 for the exemption stated in Section 119.07(3)(i), 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 GERNERT, JR.

PRES

04/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date