

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
Sep 10 1998 8:00am  
Secretary of State

0011548

**DOCUMENT # N97000002753 (8)**  
1. Corporation Name  
**FRIENDS OF HAVANA, INC.**



Principal Place of Business <b>305 6TH AVENUE EAST HAVANA FL 32333</b>	Mailing Address <b>305 6TH AVENUE EAST HAVANA FL 32333</b>
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3. Date Incorporated or Qualified <b>05/14/1997</b>	
4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>208 N. Main Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>208 N. Main Street</b> Suite, Apt. #, etc.
22 City & State 23 <b>Havana, FL</b>	27 City & State 28 <b>Havana, FL</b>
24 Zip <b>32333</b> 25 Country	29 Zip <b>32333</b> 30 Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THOMPSON, JAMES H  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Sean M. Sadowski</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOODWARD, ELAINE</b>	1.2 NAME	<b>1749 Tarpon Drive</b>
STREET ADDRESS	<b>102 EAST 7TH STREET</b>	1.3 STREET ADDRESS	<b>Tallahassee FL 32308</b>
CITY-ST-ZIP	<b>HAVANA FL 32333</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, LAUREN</b>	2.2 NAME	<b>Ivan Johnson</b>
STREET ADDRESS	<b>9022 BROOKMONT DRIVE</b>	2.3 STREET ADDRESS	<b>313 N. Monroe Street</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>STARBUCK, MARNIE</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 2847-H, DUPONT LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAVANA FL 32333</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: **Sean M. Sadowski** 8/24/98 488-4711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)