


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90072 033 ****61.25

DOCUMENT # N06000005660

1. Entity Name
 PROJECT HOMETOWN CITIZENS COMMITTEE, INC.



Principal Place of Business
 240 SPRING LAKE HILLS DR
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 240 SPRING LAKE HILLS DR
 ALTAMONTE SPRINGS, FL 32714

40099446



2. Principal Place of Business - No P.O. Box #
 75 South Ivanhoe Blvd.

3. Mailing Address
 75 South Ivanhoe Blvd

Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip
 32804

Country
 USA

Zip
 32804

Country
 USA

4. FEI Number
 N/A 20-5133411

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

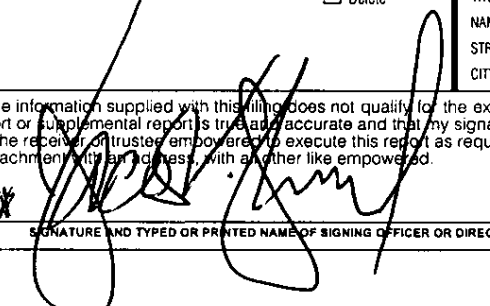
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEEKIN, JIM	
STREET ADDRESS	240 SPRING LAKE HILLS DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERT, STEVE	
STREET ADDRESS	9150 LAKE FISCHER BLVD	
CITY-ST-ZIP	ORLANDO, FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIPASQUA, PETE	
STREET ADDRESS	2138 LAKE DR	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart, Jacob	
STREET ADDRESS	75 South Ivanhoe Blvd.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment to this filing, with an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/07
 Daytime Phone #: 407-425-1234