

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000926

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: THE HACIENDA, INC.

**Current Principal Place of Business:**

225 WAYMAN ST.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

237 FERNWOOD BLVD.  
FERN PARK, FL 32730

**New Mailing Address:**

FEI Number: 59-3380880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOY, BARBARA  
237 FERNWOOD BLVD.  
FERN PARK, FL 32730 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: DRISKELL, DEBBIE  
Address: 237 FERNWOOD BLVD  
City-St-Zip: FERN PARK, FL 32730

Title: D ( ) Delete  
Name: ELLIOT, JOHN  
Address: 1213 SWAN STREET  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TS ( ) Delete  
Name: GRIFFITHS, SCOTT  
Address: 237 FERNWOOD BLVD  
City-St-Zip: FERN PARK, FL 32730

Title: P ( ) Delete  
Name: BARRON, DWIGHT  
Address: 200 GREEN LAKE CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GREGORY, LINDA  
Address: 10240 HOOD COURT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: PEREIRA, ADOLFO  
Address: 113 ELDERBERRY LANE  
City-St-Zip: LONGWOOD, FL 32779

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCOTT GRIFFITHS

TS

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date