

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000926

FILED  
Mar 30, 2012  
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 (X)

**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  
Name: LINK, MARIANNE  
Address: 1800 MERCY DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: D  
Name: DRISKELL, DEBBIE  
Address: 237 FERNWOOD BLVD  
City-St-Zip: FERN PARK, FL 32730

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA FOY

RA

03/30/2012

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

\_\_\_\_\_  
Date