

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008598

**Entity Name:** HAINES CITY NORTHEAST COMMUNITY REVITALIZATION GROUP, INC**Current Principal Place of Business:**915 AVE E  
HAINES CITY, FL 33844**Current Mailing Address:**PO BOX 492  
HAINES CITY, FL 33845 04**FEI Number: 47-2377435****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WHITE, BETTY J  
2103 BLOSSOM CT.  
HAINES CITY, FL 33844 US*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: BETTY WHITE****03/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT/CHAIRMAN

Name KING, ANEKA

Address 5002 HEMINGWAY CT

City-State-Zip: HAINES CITY FL 33844

Title TREASURER

Name WHITE, BETTY

Address 2103 BLOSSOM CT

City-State-Zip: HAINES CITY FL 33844

Title BOARD MEMBER

Name ATKINS, SAMEKA M

Address 1207 MARTIN LUTHER KING WAY

City-State-Zip: HAINES CITY FL 33844

Title VP

Name LEKIA, JOHNSON

Address 530 STONEWALL AVENUE

City-State-Zip: HAINES CITY FL 33844

Title SECRETARY

Name KEVA, HARRIS CAPTAIN

Address 1235 AVENUE J

City-State-Zip: HAINES CITY FL 33844

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: BETTY WHITE****REGISTERED  
AGENT/TREASURER****03/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date