


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 745476	
1. Entity Name HAINES CITY COMMUNITY DEVELOPMENT, INC.	

Principal Place of Business 3601 BAKER AVE. OFFICE HAINES CITY, FL 33844	Mailing Address 300 W. DIXIE AVE. OFFICE LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2196112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLOWERS, OWEN 706 CHURCH AVE. HAINES CITY, FL 33844	DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIX, EVELYN 714 AVE A. NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERREJON, CYNTHIA 3601 BAKER AVE. #193 HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FLOWERS, OWEN 706 CHURCH AVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MARY 3601 BAKER AVE. #170 HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ROSA C/O 2135 MARSHALL EDWARDS BL. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/11/05-80037-003 70.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Owen Flowers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1-5-05</u> Date	<u>352/787-6700</u> Daytime Phone #
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