


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 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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01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2196112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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	

1100000390102
01/23/06-80013-006 70.00

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IN THIS SPACE**

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 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: Owen Flowers 1-11-06 (352) 787-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Owen Flowers