## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2007 8:00 am Secretary of State

| 500111  |   |  |   |  | -   |   | •   |   |                                 |
|---|---|--|---|--|---|---|---|---|---------------------------------|
| DOCUMENT # 745476  1. Entity Name HAINES CITY COMMUNITY DEVELOPMENT, INC.   |   |  |   |  |   | 02-08-200                               | 7 90054 (   | )40 ****7   | 0.00                            |
| Principal Place<br>3601 BAKER<br>OFFICE<br>HAINES CITY,   | AVE.  | Mailing Address<br>300 W. DIXIE AVE.<br>OFFICE<br>LEESBURG, FL 34748 |   | ,  | 4001  | .2235<br>                               |   |   |                                 |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |   |  |   |   | 1    1 |   | 11                              |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  | 01312007 C  | hg-NP                                   | CR2E03  | 7 (12/06)   |                                 |
| City & State  | Ð   | City & State   |   |  | 4. FEI Number 59-219611   | 2                                       |   | <del> </del>  | plied For<br>t Applicable       |
| Zip   | Country   | Zip  | Country   |  | 5. Certificate of S   | latus Desired                           |   | \$8.75 Add<br>Fee Required                              |                                 |
|   | 6. Name and Address of Current  | Registered Agent   | <b>'</b>  |  | 7. Name and Add   | Iress of New I                          | Registered A  | gent  | -                               |
| FLOWERS   |   |  | Name  | ,  |   |   |   |   |                                 |
| 706 CHUR  |   |  | Street /  | Address (I   | P.O. Box Number is  | Not Acceptab                            | le)   |   |                                 |
|   |   |  |   |  |   |   |   |   |                                 |
|   |   |  | City  |  |   |   | FL  | Zip Code  | ,                               |
| 8. The above  | named entity submits this statement for   | r the purpose of changing its  | registered office   | or register  | red agent, or both, in  | the State of F                          | lorida. I am f  | amiliar with,   | and accept                      |
| the obligat   | ions of registered agent.   |  |   |  |   |   |   |   |                                 |
|   |   |  |   |  |   |   |   |   |                                 |
| SIGNATURE .   | Signature, typed or printed name of registered agent  | and little if applicable. (NOT                                       | E: Registered Agent sign  | ature required   | d when reinstating)   |   | DATE  |   | <del></del>                     |
|   | Filing Fee is \$61.25   | 9. Election Ca   | 9. Election Campaign Financing Trust Fund Contribution.   |  | £5.00   | ] ;                                     | Make check  | navahle to  |                                 |
|   | Due by May 1, 2007  | <b>I</b>   |   |  | \$5.00 May Be<br>Added to Fees  | Flo                                     | rida Depart   |   |                                 |
| 10.   | Due by May 1, 2007 OFFICERS AND DI  | Trust Fund   |   |  |   | <u> </u>                                | rida Depart   | iment of St   | ate                             |
| 10.<br>TITLE  |   | Trust Fund   | Contribution.   | 0  | Added to Fees   | ES TO OFFIC                             | rida Depart   | iment of St   | ate                             |
|   | OFFICERS AND DI   | Trust Fund (   | Contribution.   | 0  | Added to Fees   | ES TO OFFIC                             | rida Depart   | Iment of St   | 10                              |
| TITLE NAME STREET ADDRESS   | OFFICERS AND DI<br>ST<br>DIX, EVELYN<br>714 AVE A. NW   | Trust Fund (   | T11. TITLE NAME STREET ADDRESS  | D<br>Ма<br>Р.о   | Added to Fees  ADDITIONS/CHANG  LY Tigeri  Box 84   | ES TO OFFIC                             | erida Depari<br>ERS AND DIF   | tment of St<br>RECTORS IN<br>Change                     | 10                              |
| TITLE<br>NAME   | OFFICERS AND DI<br>ST<br>DIX, EVELYN<br>714 AVE A. NW<br>WINTER HAVEN, FL 33881   | Trust Fund   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Ma<br>P.o<br>Ha  | Added to Fees   | ES TO OFFIC                             | rida Depart   | tment of St   | ate<br>10<br>⊠ Addition         |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | OFFICERS AND DI<br>ST<br>DIX, EVELYN<br>714 AVE A. NW<br>WINTER HAVEN, FL 33881<br>D  | Trust Fund (   | Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  | Ma<br>P.o<br>Ha  | Added to Fees  ADDITIONS/CHANG  LY Tigeri  Box 84  Lines Cit  | ES TO OFFIC<br>DA<br>3<br>Y FL          | erida Depari<br>ERS AND DIF   | tment of St<br>RECTORS IN<br>Change                     | 10                              |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AND DI<br>ST<br>DIX, EVELYN<br>714 AVE A. NW<br>WINTER HAVEN, FL 33881<br>D<br>HERREJON, CYNTHIA   | Trust Fund   | CONTribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME   | Ma<br>P.o<br>Ha  | Added to Fees  ADDITIONS/CHANG  LY Tigeri  Box 84  Lines Cit  | na<br>3<br>y FL                         | ERS AND DIF   | tment of St   | ate<br>10<br>⊠ Addition         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AND DI ST DIX, EVELYN 714 AVE A. NW WINTER HAVEN, FL 33881 D HERREJON, CYNTHIA 3601 BAKER AVE. #193  | Trust Fund   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | В<br>Ма<br>Р.0<br>На<br>О<br>Је                              | Added to Fees  ADDITIONS/CHANG  LY Tigeri Box 84  Lines Cit  SSICA Sa  SOI Baker  | na<br>3<br>y FL<br>ntiago<br>Ave #      | BRS AND DIF   | RECTORS IN Change                                       | ate<br>10<br>⊠ Addition         |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DI ST DIX, EVELYN 714 AVE A. NW WINTER HAVEN, FL 33881 D HERREJON, CYNTHIA 3601 BAKER AVE. #193 HAINES CITY, FL  | Trust Fund   | Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | D<br>Ma<br>P.o<br>Ha<br>D<br>Je<br>36<br>Ha<br>D<br>Ja<br>50 | Added to Fees  ADDITIONS/CHANG  LY Tigeri Box 84  Lines Cit  Ssica Sa  Soi Baker  Dines City  Lines Ba  22 E. Hins                    | na 3 ry FL ntiago Ave # y FL bers on St | 3384<br>170<br>33849  | RECTORS IN Change                                       | 10 Addition                     |
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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                             | , |
|------------|------|-------------------------------------|---|
|            |      | OR DOWNER WAVE OF RICHING OFFICED O |   |

1-31-07

(352) 187-6700