

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745476

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** HAINES CITY COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

3601 BAKER AVE.  
OFFICE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

3601 BAKER DAIRY ROAD  
OFFICE  
HAINES CITY, FL 33844

**Current Mailing Address:**

300 W. DIXIE AVE.  
OFFICE  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2196112      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HABER, FLORA J  
300 W. DIXIE AVE.  
LEESBURG, FL 34748      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: ST  
Name: DIX, EVELYN  
Address: 714 AVE A. NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D  
Name: HERREJON, CYNTHIA  
Address: 3601 BAKER DAIRY ROAD OFFICE  
City-St-Zip: HAINES CITY, FL

Title: P/D  
Name: FLOWERS, OWEN  
Address: 706 CHURCH AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: VP  
Name: BABERS, JOHN  
Address: 3601 BAKER DAIRY ROAD, OFFICE  
City-St-Zip: HAINES CITY, FL 33844

Title: D  
Name: TIGERINA, MARY  
Address: P O BOX 843  
City-St-Zip: HAINES CITY, FL 33848

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: MARY TIGERINA

DIR

01/13/2010

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

\_\_\_\_\_  
Date