2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 745476

Entity Name: HAINES CITY COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

3601 BAKER DAIRY ROAD
OFFICE
HAINES CITY, FL 33844

New Principal Place of Business:

300 W. DIXIE AVE.
OFFICE
LEESBURG, FL 34748

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: OWEN FLOWERS P 01/05/2011
Electronic Signature of Signing Officer or Director Date