

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

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 759162

1. Entity Name
HAINES CITY COMMUNITY THEATER, INC.



Principal Place of Business
**801 EAST LEDWITH AVENUE
HAINES CITY, FL 33844**

Mailing Address
**P.O BOX 1452
HAINES CITY, FL 33845-1452**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP

CRZE037 (11/05)

4. FEI Number
59-2381877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIGGINS, KEN
8 EAST LAKE DRIVE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**D
ALLEN, LYNDIA B
709 CHESTNUT ROAD
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CREWS, FAYE
P.O BOX 1013
DAVENPORT, FL 33836**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIGGINS, KEN
8 EAST LAKE DRIVE
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHAPMAN, CLARA
463 PEACHTREE LANE
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000487401
04/13/06-80075-012 61.25

**DO NOT WRITE
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:

Ken Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir/Treas.

3/28/06
Date

803-422-3848
Daytime Phone #