

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 008 ****61.25

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**

40022



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name **Higgins, Ken**
Street Address (P.O. Box Number is Not Acceptable)
304 Paradise Island Drive
City **Haines City** FL Zip Code **33844**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, LYNDIA B	
STREET ADDRESS	709 CHESTNUT ROAD	
CITY- ST- ZIP	AUBURNDALE, FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, FAYE	
STREET ADDRESS	P.O BOX 1013	
CITY- ST- ZIP	DAVENPORT, FL 33836	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, KEN	
STREET ADDRESS	8 EAST LAKE DRIVE	
CITY- ST- ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, CLARA	
STREET ADDRESS	463 PEACHTREE LANE	
CITY- ST- ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steinmetz, Elisha	
STREET ADDRESS	630 Hillside Circle	
CITY- ST- ZIP	Lake Alfred, FL 33850	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curry, Cindy	
STREET ADDRESS	114 100th Dr	
CITY- ST- ZIP	Winter Haven, FL 33884	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, Ken	
STREET ADDRESS	304 Paradise Island Dr.	
CITY- ST- ZIP	Haines City, FL 33844	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whitener, Debbie	
STREET ADDRESS	464 Muirfield Ct	
CITY- ST- ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 **Treas.** **3/29/07** **(863)439-3583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #