

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759162

FILED
Feb 15, 2010
Secretary of State

Entity Name: HAINES CITY COMMUNITY THEATER, INC.

Current Principal Place of Business:

801 EAST LEDWITH AVENUE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1452
HAINES CITY, FL 338451452

New Mailing Address:

FEI Number: 59-2381877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, KEN
304 PARADISE ISLAND DR
HAINES CITY, FL 33844 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: DP
Name: PALMER, RENEE
Address: 1805 26TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: DS
Name: MOOTS, KRISTY
Address: 606 PENINSULAR DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: DT
Name: HIGGINS, KEN
Address: 304 PARADISE ISLAND DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: DV
Name: SMITH, DAVID
Address: 105 ARIANA AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D
Name: ROGERS, ALICE
Address: PO BOX 25
City-St-Zip: LAKE HAMILTON, FL 33851

Title: D
Name: BABCOCK, AMBER
Address: 2823 TANGELO STREET
City-St-Zip: AUBURNDALE, FL 33823

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: KEN HIGGINS

TREA

02/15/2010

Electronic Signature of Signing Officer or Director

Date