

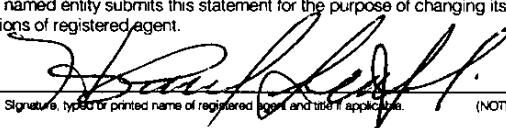
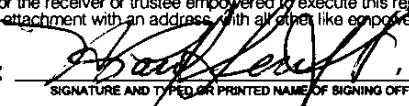


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90050 035 \*\*\*\*61.25

<b>DOCUMENT # N02000008250</b> 1. Entity Name <b>HAINES CITY ECONOMIC DEVELOPMENT COUNCIL, INC.</b>					
Principal Place of Business <b>611 JONES AVENUE EAST SUITE 4 HAINES CITY, FL 33844 US</b>			Mailing Address <b>611 JONES AVENUE EAST SUITE 4 HAINES CITY, FL 33844 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40005090</div>  <div style="margin-top: 10px;">           01042008 Chg-NP CR2E037 (12/06)             4. FEI Number  <b>54-2081021</b> </div> <div>           5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent <b>CONNELLY, ROD CBD 611 JONES AVENUE EAST SUITE 4 HAINES CITY, FL 33844</b>				7. Name and Address of New Registered Agent Name <b>H. Paul Siefert Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>611 Jones Avenue East</b> Suite <b>4</b> City <b>Haines City</b> FL <b>33844</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and state if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>01-09-08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>CBD</b> <b>CONNELLY, ROD</b> <b>2033 MAIN STREET, SUITE 201</b> <b>SARASOTA, FL 32437</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>PCB</b> <b>CARTER, DAVID</b> <b>3086 LANDING COURT</b> <b>HAINES CITY, FL 33844</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>VCD</b> <b>KENNY, GARRETT</b> <b>116 B POLO PARK EAST BLVD.</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>SD</b> <b>ALLEGRE, MARC</b> <b>1006 MARLEY DRIVE</b> <b>HAINES CITY, FL 33844</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>TD</b> <b>PRINCE, KATHY</b> <b>125 GRAHAM PARK DRIVE, EE</b> <b>HAINES CITY, FL 33844</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>WILKINSON, JOANNA</b> <b>1909 PENINSULAR DRIVE</b> <b>HAINES CITY, FL 33844</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> <small>Daytime Phone #</small>	