2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008250

FILED Jan 20, 2011 Secretary of State

Entity Name: HAINES CITY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

608 INGRAHAM AVE 608 INGRAHAM AVE

SUITE 2, 2ND FLOOR SUITE 2,

HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

Current Mailing Address: New Mailing Address:

608 INGRAHAM AVE 608 INGRAHAM AVE

SUITE 2, 2ND FLOOR SUITE 2,

HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

FEI Number: 54-2081021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SENFT, H. PAUL JR
608 INGRAHAM AVE
608 INGRAHAM AVE
SUITE B 2ND FLOOP
SUITE B

SUITE B, 2ND FLOOR SUITE B, HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

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: H. PAUL SENFT JR. 01/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CBD

 Name:
 PRINCE, KATHY

 Address:
 200 F STREET SOUTH

 City-St-Zip:
 HAINES CITY, FL 33844 US

Title: PCEO

 Name:
 SENFT, H. PAUL JR

 Address:
 608 INGRAHAM AVE

 City-St-Zip:
 HAINES CITY, FL 33844 US

Title: VCD

Name: BRANDES, JEFF

Address: 695 31ST STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: SD

Name: HOLDEN, DR. EILEEN

Address: 999 AVE H NE

City-St-Zip: WINTER HAVEN, FL 33811 US

Title: VCD

Name: ALLEGRE, MARC
Address: 1006 MARLEY
City St 7in: HAINES CITY EL 2399

City-St-Zip: HAINES CITY, FL 33844

Title: TBD

 Name:
 LEWIS, WAYNE

 Address:
 PO BOX 16518

 City-St-Zip:
 TAMPA, FL 33687 US

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: KATHY PRINCE CBD 01/20/2011