

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90068 031 ****61.25

DOCUMENT # N04000008598

1. Entity Name
HAINES CITY NORTHEAST COMMUNITY REVITALIZATION GROUP, INC



Principal Place of Business
**PO BOX 492
HAINES CITY, FL 33845**

Mailing Address
**PO BOX 492
HAINES CITY, FL 33845**

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
HAINES CITY, FL

City & State

Zip
33844 Country
USA



01192007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**WEST, MORRIS
1003 RONLIN STREET
HAINES CITY, FL 33844**

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	GRAHAM, BEN	
STREET ADDRESS	1001 AVE "M"	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST, MORRIS	
STREET ADDRESS	2218 N NAVAL CIRCLE	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PUGH, BARBARA L	
STREET ADDRESS	1119 AVENUE D	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BELFORD, DIMPLE C	
STREET ADDRESS	1119 AVENUE C	
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		<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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, BARBARA L.	
STREET ADDRESS	PO BOX 383	
CITY-ST-ZIP	DUNDEE, FL 33838	
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: *Barbara L. Pugh* **BARBARA LEWIS PUGH** Date: **5-1-07** Daytime Phone #: **863-969-9400**