


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000008598		
1. Entity Name HAINES CITY NORTHEAST COMMUNITY REVITALIZATION GROUP, INC		
Principal Place of Business 915 AVENUE E. HAINES CITY, FL 33844	Mailing Address PO BOX 492 HAINES CITY, FL 33845	



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEST, MORRIS 1003 RONLIN STREET HAINES CITY, FL 33844	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is: \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000946530 05/30/08-80052-010 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, BEN 1001 AVE "M" HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEST, MORRIS 2218 N NAVEL CIRCLE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUGH, BARBARA L PO BOX 383 DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELFORD, DIMPLE C 1119 AVENUE C HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-29-08 863-969-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #