

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008598

FILED
Apr 27, 2009
Secretary of State

Entity Name: HAINES CITY NORTHEAST COMMUNITY REVITALIZATION GROUP, INC

Current Principal Place of Business:

915 AVENUE E.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 492
HAINES CITY, FL 33845

New Mailing Address:

PO BOX 492
HAINES CITY, FL 33845 04

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRAHAM, BEN W
1001 AVE M
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: BEN W. GRAHAM

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAHAM, BEN
Address: 1001 AVE
City-St-Zip: HAINES CITY, FL 33844

Title: V () Delete
Name: WEST, MORRIS
Address: 2218 N NAVAL CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: PUGH, BARBARA L
Address: PO BOX 383
City-St-Zip: DUNDEE, FL 33838

Title: DS () Delete
Name: BELFORD, DIMPLE C
Address: 1119 AVENUE C
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAHAM, BEN
Address: 1001 AVE M.
City-St-Zip: HAINES CITY, FL 33844

Title: V (X) Change () Addition
Name: WEST, MORRIS
Address: 1003 RONLIN ST
City-St-Zip: HAINES CITY, FL 33844

Title: AT (X) Change () Addition
Name: PUGH, BARBARA L
Address: 225 HILLSIDE DR
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEN W. GRAHAM

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date