2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# N04000008598

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 04

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, BEN W
1001 AVE M
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: V
Name: WHITE, BETTY
Address: 2103 BLOSSOM CT
City-St-Zip: HAINES CITY, FL 33844

Title: AT
Name: ATKINS, SAMEKA A
Address: 27 TANGELO DR
City-St-Zip: HAINES CITY, FL 33844

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

Title: AS
Name: WIGGINS, MARYE
Address: 2005 NORMA AVE APT .B
City-St-Zip: HAINES CITY, FL 33844

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: TREASURE/SAMEKA ATKINS MS 04/30/2011
Electronic Signature of Signing Officer or Director Date