

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90096 037 \*\*\*\*61.25

**DOCUMENT # N04000012055**

1. Entity Name  
**HALEY HOUSE FUND INC.**



Principal Place of Business  
**510 ROBIN HILL CIRCLE  
BRANDON, FL 33510**

Mailing Address  
**510 ROBIN HILL CIRCLE  
BRANDON, FL 33510**

**600003300**



01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1711159</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRAUN, DAVE  
510 ROBIN HILL CIRCLE  
BRANDON, FL 33510**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARLAN, MARY E CHR-PER
STREET ADDRESS	9116 QUAIL STOP DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	TD
NAME	BRAUN, DAVE
STREET ADDRESS	510 ROBIN HILL CIRCLE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	SD
NAME	BOWERING, DAVID
STREET ADDRESS	3738 CYPRESS MEADOWS RD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	KECKLER, MARY ANN
STREET ADDRESS	2023 BELMAR AVENUE
CITY-ST-ZIP	SPRINGHILL, FL 34608
TITLE	PAT SCHENCK BOARD MEM.
NAME	8805 RIVERLAKEN WAY
STREET ADDRESS	RIVERVIEW, FL 33569
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:** *DAVE BRAUN* **DAVE BRAUN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAN 14, 2007* **813 310 8513**

Date

Daytime Phone #