

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011494

FILED
Jul 08, 2007
Secretary of State

Entity Name: HISTORIC PUGHSVILLE ASSOCIATION, INC.

Current Principal Place of Business:

139 VARNER DR. S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

139 VARNER DR. S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-5931700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELLISON, MARTIN & ASSOCIATES, INC.
1022 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

ELLISON, MARTIN & ASSOCIATES, INC.
123 NORTH KENTUCKY AVENUE
SUITE 212
LAKELAND, FL 33801 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:

07/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BURNEY, RUSSELL
Address: 2995 WARFIELDS DRIVE
City-St-Zip: BARTOW HAVEN, FL 33830

Title: DVC () Delete
Name: SMITHE, HIGHLAND
Address: 717 HEMENWAY DR NE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DT () Delete
Name: WEEKS, CLIFFORD
Address: 9845 NW 160TH
City-St-Zip: REDDICK, FL 32686

Title: DS () Delete
Name: REDDICK, CATHERINE
Address: 211 MELINA ACE
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: GEATHERS, JUANITA
Address: 346 AVE O SW
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: SMITHFILEDS, PATRICIA
Address: 139 VARNER DR. S.W.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVC (X) Change () Addition
Name: SMITH, HIGHLAND
Address: 717 HEMENWAY DR NE
City-St-Zip: WINTER HAVEN, FL 33884

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

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

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

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: EARL PEARSALL

P

07/08/2007

Electronic Signature of Signing Officer or Director

Date