

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 15, 2011
Secretary of State

Entity Name: HISTORIC PUGHSVILLE ASSOCIATION, INC.

Current Principal Place of Business:

1360 2ND ST NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P O BOX 3775
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-5931700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, MARTIN & ASSOCIATES, INC.
123 NORTH KENTUCKY AVENUE
SUITE 212
LAKELAND, FL 33801 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: DC
Name: BURNEY, RUSSELL
Address: 2995 WARFIELD DRIVE
City-St-Zip: BARTOW HAVEN, FL 33830

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

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

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

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

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

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: EARL PEARSALL

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04/15/2011

Electronic Signature of Signing Officer or Director

Date