

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004931

FILED
Mar 13, 2011
Secretary of State

Entity Name: HAINES CITY MAIN STREET, INC.

Current Principal Place of Business:

235 N. 9TH STREET
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

235 N. 9TH STREET
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 27-2752603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, RONALI
235 N. 9TH STREET
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: PD
Name: PRINCE, BRUCE
Address: 200 F STREET SOUTH
City-St-Zip: HAINES CITY, FL 33844

Title: VPD
Name: MCCARTER, ELLEN
Address: 36250 HIGHWAY 27
City-St-Zip: HAINES CITY, FL 33844

Title: SD
Name: EVANS, BETH
Address: 2105 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD
Name: WHISLER, MARK
Address: 706 EAST INGRAHAM AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: BALDWIN, LARRY
Address: 608 EAST INGRAHAM AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: WILLIS, DAWN
Address: 300 WEST LIME STREET
City-St-Zip: LAKE LAND, FL 33815

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: RONALI WOOD

EXD

03/13/2011

Electronic Signature of Signing Officer or Director

Date