

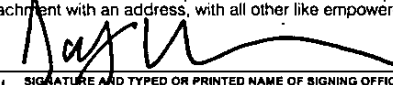


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90064 035 ****61.25

DOCUMENT # N27763			
1. Entity Name VIRGIL HAWKINS BAR ASSOCIATION, INC.			
Principal Place of Business 175 5TH STREET SW SUITE 205 WINTER HAVEN, FL 33880		Mailing Address P.O. BOX 821 BARTOW, FL 33831 US	
2. Principal Place of Business 332 Third Street N.W.		3. Mailing Address	
--- Suite, Apt. #: etc. ---		--- Suite, Apt. #: etc. ---	
City & State Winter Haven, FL		City & State	
Zip 33881	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LEWIS, CEDRIC E 175 5TH STREET-SW, SUITE 205 WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Cedric E. Lewis Street Address (P.O. Box Number is Not Acceptable) 332 Third Street N.W. City Winter Haven FL Zip Code 33881	
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 		DATE	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENMARK, CASSANDRA 455 N BROADWAY BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, DANA 175 5TH STREET SW, SUITE 205 WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dana Moore 332 Third Street N.W. Winter Haven Florida 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEKS, KAREN 1125 E MAIN ST BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Geraldine Hicks P.O. Box 9005 Drawer ATO1 Bartow Florida 33831 9005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, KEN 505 MLK JR AVE LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P Harold Bennett III 2216 Garden Lake Drive Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, KAREN I 1125 E MAIN ST BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: Aug 21, 2006 Daytime Phone #: 863-223-2278	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			