

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2007  
Secretary of State**

DOCUMENT# N27763

Entity Name: VIRGIL HAWKINS BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

332 THIRD STREET NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 821  
BARTOW, FL 33831 US

**New Mailing Address:**

FEI Number: 59-3725721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, CEDRIC E  
332 THIRD STREET NW  
WINTER HAVEN, FL 33881 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: P ( ) Delete  
Name: DENMARK, CASSANDRA  
Address: 455 N BROADWAY  
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete  
Name: MOORE, DANA  
Address: 332 THIRD STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S ( ) Delete  
Name: HICKS, GERALDINE  
Address: P O BOX 9005 DRAWER AT01  
City-St-Zip: BARTOW, FL 33831

Title: VP ( ) Delete  
Name: BENNETT, HAROLD III  
Address: 2216 GORDON LAKE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: MEEKS, KAREN I  
Address: 1125 E MAIN ST  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CASSANDRA DENMARK

MRS.

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date