




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90009 018 ****61.25

DOCUMENT # N51140			
1. Entity Name HISTORIC HAILE HOMESTEAD, INC.			
Principal Place of Business 8500 SW ARCHER ROAD GAINESVILLE, FL 32608 US		Mailing Address 5205 SW 86TH TERRACE GAINESVILLE, FL 32608 US	
2. Principal Place of Business		3. Mailing Address 5341 SW 91 ST TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE A	
City & State		City & State GAINESVILLE FL	
Zip	Country	Zip	Country
32608	US	32608	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRANDON, MARTHA 5205 SW 86TH TERRACE GAINESVILLE, FL 32608		Name KAREN A. KIRKMAN	
		Street Address (P.O. Box Number is Not Acceptable)	
		5303 SW 83 RD TERRACE	
		City GAINESVILLE FL Zip Code 32608	
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 		KAREN A KIRKMAN PRESIDENT 2/10/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 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	VD DICKINSON, MARTIN 3700 NW 91ST TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKMAN, KAREN 5303 SW 83 RD TERRACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAILE, GRAHAM 7408 20TH AVE. NW BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASTINE, MICHAEL 2136 NW 9 TH AVE GAINESVILLE, FL 32603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAILE, EVANS 200 W. 70TH ST NEW YORK, NY 10023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON, MARTHA 5205 SW 86 TH TERRACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDON, MARTHA 5205 SW 86TH TERRACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, J.D. 7800 SW 43 RD DRIVE GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEDINA, RICK 5330 SW 91ST TERR. GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS, GINGER 3916 SW 69 TH AVE GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIRKMAN, KAREN 5303 SW 83RD TERR. GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, WILLIAM P.O. BOX 471 EARLETON, FL 32631 <input type="checkbox"/> Change <input checked="" 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: 		KAREN A KIRKMAN 2/10/06 352-392-3941	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

