
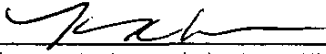
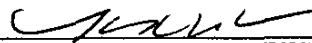


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90077 021 ****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 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3390868	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKWAY, KAREN 5303 SW 83RD TERRACE GAINESVILLE, FL 32608			Name KIRKMAN KAREN Street Address (P.O. Box Number is Not Acceptable) 5277 S.W. 97 th Drive 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 KIRKMAN		1/13/07	
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, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKMAN, KAREN		NAME	KIRKMAN, KAREN	
STREET ADDRESS	5303 SW 83RD TERRACE		STREET ADDRESS	5277 SW 97 th DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTINE, MICHAEL		NAME	CASTINE, MICHAEL	
STREET ADDRESS	5303 SW 9TH AVE		STREET ADDRESS	2136 SW 9 th AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, J.D.		NAME	STRINGFELLOW, BARBARA	
STREET ADDRESS	7800 SW 43RD DRIVE		STREET ADDRESS	P.O. BOX 958	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDON, MARTHA		NAME	LANG, JAMES F.	
STREET ADDRESS	5205 SW 86TH TERRACE		STREET ADDRESS	3033 ¹ SW 98 th DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHILDS, GINGER		NAME	DICKINSON, MARTIN	
STREET ADDRESS	3916 SW 69TH AVE		STREET ADDRESS	5600 SW 32 nd AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM		NAME		
STREET ADDRESS	P.O. BOX 471		STREET ADDRESS		
CITY-ST-ZIP	EARLETON, FL 32631		CITY-ST-ZIP		
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 KIRKMAN		1/13/07 352-392-3941	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40003206



01142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3390868 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

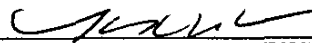
7. Name and Address of New Registered Agent
 Name KIRKMAN KAREN
 Street Address (P.O. Box Number is Not Acceptable) 5277 S.W. 97th Drive
 City Gainesville FL Zip Code 32608

1/13/07

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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CITY-ST-ZIP	EARLETON, FL 32631		CITY-ST-ZIP		

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SIGNATURE:  KAREN KIRKMAN 1/13/07 352-392-3941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #