

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51140

FILED
Mar 10, 2009
Secretary of State

Entity Name: HISTORIC HAILE HOMESTEAD, INC.

Current Principal Place of Business:

8500 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

4941 SW 91ST TERRACE
SUITE 101
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-3390868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKMAN, KAREN
5518 SW 88TH CT
GAINESVILLE, FL 32608 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 () Delete
Name: KIRKMAN, KAREN
Address: 5518 SW 88TH COURT
City-St-Zip: GAINESVILLE, FL 32608 US

Title: SD () Delete
Name: CASTINE, MICHAEL
Address: 2136 SW 9TH AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: HENRY, J.D.
Address: 7800 SW 43RD DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: DICKINSON, MARTIN
Address: 5600 SW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CHILDS, GINGER
Address: 3916 SW 69TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WATERS, JANET
Address: 7000 SWARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CASTINE, MICHAEL
Address: 2136 SW 9TH AVE
City-St-Zip: GAINESVILLE, FL 32603

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

Title: D (X) Change () Addition
Name: DICKINSON, MARTIN
Address: 5600 SW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: TD (X) Change () Addition
Name: STRINGFELLOW, BARBARA
Address: PO BOX 958
City-St-Zip: MELROSE, FL 32666

Title: SD (X) Change () Addition
Name: WATERS, JANET
Address: 7000 SWARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify 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: KAREN A KIRKMAN

PD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date