

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002849 (7)

1. Corporation Name

HAINES CITY MERCHANTS AND BUSINESS ASSOCIATION, INC.

Principal Place of Business

702 JONES AVE.
12 N. 5TH ST.
HAINES CITY FL 33844

Mailing Address

P.O. BOX 2009
HAINES CITY FL 33845



3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

59-3252069

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VANDIVER, FRANCES
12 N. 5TH ST.
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **PD** ☒ DELETE
NAME **VANDIVER, FRANCES**
STREET ADDRESS **12 N. 5TH ST.**
CITY-ST-ZIP **HAINES CITY FL 33844**

1.2 TITLE **VD** ☐ DELETE
NAME **KLEMM, DOROTHY**
STREET ADDRESS **1013 LAKE STREET**
CITY-ST-ZIP **HAINES CITY FL 33844**

1.3 TITLE **TD** ☐ DELETE
NAME **BULLOCK, KATHLYN**
STREET ADDRESS **702 JONES AVE.**
CITY-ST-ZIP **HAINES CITY FL 33844**

1.4 TITLE **S** ☐ DELETE
NAME **GARDNER, SHARON**
STREET ADDRESS **365 PENINSULAR CT**
CITY-ST-ZIP **HAINES CITY FL**

1.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
NAME **Kathy Princee**
STREET ADDRESS **125 Graham Park Drive E.**
CITY-ST-ZIP **Haines City, FL 33844**

1.2 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Princee*

4-6-98

941-422-4775

CP2E037 (10/97)