

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

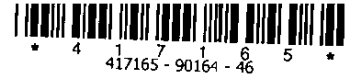
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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90164 046 ****61.25

DOCUMENT # N94000002849

1. Corporation Name

**HAINES CITY MERCHANTS AND BUSINESS ASSOCIATION,
INC.**



Principal Place of Business

12 N. 5TH ST.
HAINES CITY FL 33844

Mailing Address

702 JONES AVE
HAINES CITY FL 33844
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

59-3252089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

TITLE PD
NAME PRINCE, KATHY
STREET ADDRESS 125 GRAHAM PARK DR, E.
CITY-ST-ZIP HAINES CITY FL 33844 ☒ DELETE

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Mark Whisler
1.3 STREET ADDRESS 706 E Ingraham Ave
1.4 CITY-ST-ZIP Haines City, FL 33844 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Secretary
4.2 NAME Klemm, Dorothy
4.3 STREET ADDRESS 1013 Lake Street
4.4 CITY-ST-ZIP Haines City, FL 33844 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Katherine Harris* Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E037 (1/98)